Alief Retired Employees Association (A.R.E.A)

Membership Form

Our Mission: Scholarship, Service, Social

Name of Member (s) _____

_____

Mailing Address: _____

City, State, Zip: _____

Telephone: **Primary** _____ **Secondary** _____

Email Address: _____

Campuses/Departments in Alief with which you were affiliated: _____

_____

Year of retirement: _____

Dues: _____**Individual, $25** **Paid: Check** _____

_____**Couple, $40** **Cash**_____

***Scholarship Donation Amount:**_____

Mail membership form and dues* to:
Mrs. Luci Maggi, Treasurer
1015 Blue Willow
Houston, TX 77042
****Donations may also be mailed to this address.***

Alief Retired Employees Association 501C3 status is pending with the IRS.