

RFUF Membership

Annual Dues: \$15.00

Amount Paid: \$ _____

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Retired from: _____

(list college and university)

Department: _____

Please send a check with your dues to:

RFUF

PO Box 15544

Gainesville, FL 32604-1554