



Membership Application

Name _____ Title _____

Department _____

Campus Address _____ Campus Zip _____

Phone Number _____ E-mail Address _____

For the membership term:

One Year \$10

Two Years \$18

Make check payable to UAAD

Or Dept Cost Object _____

Please check one:

Regular - UNL employee with managerial/professional responsibilities

Affiliate - Non-UNL employee affiliated with NU or UNL (University Foundation, etc)

Associate - UNL employee (Office/Service, Academic)

Retired - Regular UAAD member who has retired from UNL (no dues required)

How did you learn about UAAD?

Website

Flyer

Current UAAD member. Please list name: _____

Dean/Director or Dept Head/Chair

Other

Mail this completed form and your check if applicable to:

Amy Lanham
UAAD Membership Chair 2012-2013
55 CRec
CC 0232

