

MEMBERSHIP



College of Staten Island
The City University of New York
www.csi.cuny.edu

Office of Institutional Advancement
2800 Victory Blvd•Bldg. 1A, Room 401
Staten Island, NY 10314

Telephone 718.982.2365

Name: _____

I wish to join the College of Staten Island's Academy of Retired Professors. (Membership is open to retired professors, higher education officers, and their spouses.)

Directory

The Academy plans to publish a directory of its members. Please supply the following information:

Name: _____

Address: _____
City State Zip

Telephone: _____ Email: _____

Year retired _____ Department Affiliation _____

You may publish my telephone number. Omit my telephone number.

You may publish my email address. Omit my email address.

Dues for individuals or couples (for the academic calendar year) are \$25. Lifetime memberships (for individuals or couples) are \$100.

Type of membership (check one) Membership for a single academic year. Lifetime membership
If you are paying dues for one academic calendar year, please indicate which year: Sept___ to Sept ___

I am including \$ _____ as a contribution to the ARP Scholarship Fund (optional).

Checks should be made payable to the College of Staten Island Foundation and sent to the College of Staten Island, Office of Institutional Advancement and External Affairs, 2800 Victory Boulevard, 1A-401, Staten Island, NY 10314. Write ARP on the memo line; dues are tax-deductible as charitable contributions.

Please respond to the following to help us in planning events.

I prefer daytime events. I prefer late afternoon and evening events. Both times are equally acceptable.

I'd appreciate rides. I'm willing to help colleagues with transportation.

Connecting with ■ Colleagues ■ College ■ Community