

UTHRO
The University of Texas Houston Retiree Organization
Enrollment Form

UTHRO is open to all faculty and staff who have officially retired from any UT System institution in the greater Houston area as well as their spouses. Employees who anticipate retiring in the near future are also welcome. UTHRO currently has more than 250 members and you are cordially invited to join them.

Dues are \$15 per year per member(including spouse) and renewals are every January.

Please print and complete the form below, then send it with a check made payable to UTHRO (do not send cash) to our Treasurer: Margaret Zambrano, 20903 Imperial Ridge Ln., Spring, TX, 77379

Or you can use the ZELLE cash app and send money to: zambrano1123@gmail.com
If using ZELLE, put "Enrollment" and your name under Description and email a photo of this completed form to zambrano1123@gmail.com

Name _____

Spouse's Name _____
(If spouse is also a UTHHealth retiree, please provide school/unit and year of retirement.)

Street Address _____

City _____ State _____ Zip _____

Telephone _____ ☐ Other ☐ Cell Telephone _____ ☐ Other ☐ Cell

E-mail Address _____

Year of Retirement _____

UT system school or unit retired from (check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> School of Dentistry | <input type="checkbox"/> School of Behavioral Health Sciences | <input type="checkbox"/> School of Biomedical Informatics |
| <input type="checkbox"/> Medical School* | <input type="checkbox"/> Graduate School of Biomedical Sciences | <input type="checkbox"/> HSC General |
| <input type="checkbox"/> School of Nursing | <input type="checkbox"/> School of Public Health** | <input type="checkbox"/> UT Medical Branch (Galveston) |
| <input type="checkbox"/> M.D. Anderson Cancer Center | <input type="checkbox"/> UT Police | <input type="checkbox"/> Other: _____ |

***Medical School includes:** Children's Learning Institute; Harris County Psychiatric Center; Institute of Molecular Medicine; Mental Sciences Institute

****School of Public Health includes:** Health Policy Institute

Emergency contact (for bus trips and outings):

Name: _____ Telephone: _____