UCD Retired Staff Association:
Maurice Kennedy Research Centre

Membership Application Form

Last Name: _____

First Name: _____

Home Address: _____

_____

_____

Phone – Home:_____ **Mobile:** _____

Email Address: _____
(capitals please)

Year of Retirement from UCD: _____

UCD Personnel No.: _____ (see Pay Advice)

Signed _____ **Date:** _____

On completion please send to:

Membership Secretary
UCD Retired Staff Association (MKRC)
Room B102, Newman Building
UCD Belfield
Dublin 4