MSU Retiree Association	Contact Inf	ormation	
Name:			
Department/Program/C	enter Retired	from:	
Type of Appointment:	Faculty	Professional	Classified
Retirement Date:			
Mailing Address Street: City: St	:ate:	Zip:	
Telephone Home:	Cell:		
Email Address:			
Most Communications		y email, but occ	

a printed invitation or information will arrive by U.S. Mail.

Print out this page, fill in your information and mail it to MSU Alumni Foundation, P. O. Box 172750, Bozeman, MT 59717-2750. Or scan the completed page and email it to retiree@msuaf.org.