



**ST. JOHN'S  
UNIVERSITY**

# St. John's University Retirees Association Request for Membership Form

(Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Year Retired: \_\_\_\_\_ Position & Department: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Preferred Method of Correspondence:  Email  U.S. Postal Service

Please return completed form to:

**Office of Gift Planning**  
St. John's University Retirees Association  
8000 Utopia Parkway  
Queens, NY 11439

Phone: 718-990-8423  
Fax: 718-990-2666

Or email the above information to [damianis@stjohns.edu](mailto:damianis@stjohns.edu)