

## UC Berkeley Emeriti Academy Member Enrollment Form

First Name	
Last name	
Email address	
School, College, or Department Affiliation	
Retirement Date (Past or anticipated)	
Phone	

Upon submitting this form, you become a Member of the Academy. If interested in becoming more involved in creative projects and collaborations as a Professor of the Academy, please check the box below, and the Academy Program Manager will contact you.

I am interested in becoming a Professor of the Academy.

We plan to create searchable profiles of Academy members on the Emeriti Academy website. Please indicate whether or not you give us permission to share your name, departmental affiliation and your areas of interest on the website.

Yes, I give permission to list my name, departmental affiliation(s) and areas of interest on the Academy website.

No, I don't want to share my information on the Academy website.

Continue... 1

Optionally, please share a project you have been thinking about or your areas of interest in continued scholarly engagement and/or Academy activities. You may also use this space to provide input on activities you'd like to see offered by the Academy. (150 words or less)

Return completed form one of two ways:

- 1) Via email: Scan the completed form and email it to [emeritiacademy@berkeley.edu](mailto:emeritiacademy@berkeley.edu)
- 2) Via postal mail: Mail the completed form to UC Berkeley Retirement Center Attn.: Emeriti Academy, 101 University Hall, Berkeley, CA 94720-1550.