



**CWA Retired Members' Council
RMC Lifetime Membership Gifted &
Retiree Chapter Membership
Application**



Yes, sign me up for Lifetime membership in the **CWA Retired Members' Council!**
I understand Local _____ is paying my **one-time** \$25 payment to the **Council** for
Lifetime Membership.

As a Lifetime Member, I am eligible to join a local retiree chapter. At this time I wish to join local
chapter _____.

Kindly Print

Name

Address:

City/ State/Zip:

Home Phone:

Cell Phone:

Email:

Home Local:

Retirement Date:

Please mail or fax this completed form to;
CWA Retired Members' Council, 501 3rd St NW, Washington, DC 20001-2797, fax 202 434 -1481

Be sure to visit our website at: www.CWARetirees.org

Thank you



RMC use only
Date request received _____ Date entered _____ Comments _____