



CWA Retired Members' Council
Council Lifetime Membership
Application

Yes, sign me up for Lifetime membership in the **CWA Retired Members' Council!**
Here's my one-time \$25 payment to the **Council for Lifetime membership.**

As a Council Lifetime member, I am eligible to join any retiree chapter.

(Kindly print)

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Home Local _____ Former Employer _____

Payment Method for **Council Fee**:

___ Here is my \$25 check made payable to the **CWA Retired Members' Council**

___ Charge the \$25 fee to my credit card: ___ Visa ___ MasterCard ___ Discover

Card Number:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Expiration Date:

□ □ / □ □

Signature

Date

Please return form to:

CWA Retired Members' Council
501 3rd St NW, Washington, DC 20001-2797