

AFT-W RETIREE COUNCIL
MEMBERSHIP APPLICATION

Date: _____

| | |
|------------------------------|---------------------|
| Name: _____ | |
| Address: _____ | |
| City, State, ZIP: _____ | |
| Home Phone: _____ | Mobile Phone: _____ |
| Primary Email Address: _____ | |

Do you have an alternate address? Please indicate timeframe for this address: _____

Address _____

City _____ State _____ ZIP _____

Have you retired in the past three years? If so:

Date of Retirement: _____

Last Union Local Name: _____ Union Local Number: _____

Please make your check payable to AFT-W Retirees; return with this information/questionnaire to:

**Kathy Kreul, AFT-W Executive Assistant
AFT-Wisconsin
6602 Normandy Lane
Madison WI 53719**

___ I am also enclosing \$20 dues for 2015.

___ I prefer a Lifetime membership. I am enclosing \$200.

___ I want to contribute an additional amount of \$_____ to COPE (payable to AFT-W COPE).

If you have questions or would like additional information, please contact Kathy Kreul, AFT-W Executive Assistant; 608-662-1444 or 1-800-362-7390, Extension 226; or email at kreul@aft-wisconsin.org.

(See reverse side for comments/suggestions/volunteer opportunities)