

APPLICATION FOR MEMBERSHIP

Please Print

Name _____

Address _____

City _____ State _____ ZipCode _____

Phone _____ Email _____

AFT-Wisconsin local Name and
Number _____

Annual Dues \$20 or Lifetime Dues \$200: \$ _____ Additional contribution _____

Please make checks payable to the *AFT-Wisconsin Retiree Council*. Send to 6602 Normandy Lane, Madison, WI 53719.