

AFT-W RETIREE COUNCIL

2024 MEMBERSHIP APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____

Primary Email Address: _____

NOTE: Newsletters and information updates will be sent via email so please be sure we have a current email for you.

Local retired from: _____

Please complete the above information or make any necessary changes to the information already provided.

Comments or additional information: _____

Please make your check payable to AFT-W Retirees - return payment and this form to the NEW ADDRESS:

**AFT-Wisconsin, ATTN: Kathy Kreul
PO Box 303
Highland, WI 53543**

___ I am enclosing \$20 dues for 2024.

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

___ I want to contribute an additional amount of \$_____ to COPE (payable to AFT-W COPE).
(COPE is the Committee on Political Education which contributes money to candidates approved by the AFT-W COPE Committee and the AFT-W Board)

NOTE: You can contribute to COPE online at <http://donate.billhighway.com/AFTWICOPE> (you can only use this online contribution link if you are an AFTW Retiree Council member.

If you have questions or would like additional information, please contact Kathy Kreul at 608-341-8788 or email at aftwretireecouncil@gmail.com.