

AFT-W RETIREE COUNCIL
2018 MEMBERSHIP APPLICATION/RENEWAL

Date: _____

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

PLEASE CHECK ONE:

- The information above is correct
 The information above has changed as indicated below:

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 _____

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

**AFT-Wisconsin
ATTN: Kathy Kreul
1602 S Park Street, Room 227
Madison WI 53715**

**Please note:
← This is a new address.**

- I am also enclosing \$20 dues for 2018.
 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 email at kreul@aft-wisconsin.org.