

## MEMBERSHIP APPLICATION /RENEWAL

NAME	
ADDRESS	TE AND ZIP  NE  AIL  What local did you retire from?  FUAL DUES (due on June 1) circle one Per Person - Certified Per Person - Classified se make checks payable to AFT NM Retirees Chapter mail to: 530 Jefferson St NE, Albuquerque NM 87108  LUNTARY AFT RETIREES CHAPTER COPE DONATION te a separate check for this made out to AFT NM COPE)  ME OF CONTRIBUTOR  DATE  CK#  OR CHECK HERE FOR CASH  LP THIS AS A RECEIPT FOR COPE DONATION  ME OF CONTRIBUTOR
CITY	
STATE AND ZIP	
PHONE	,
EMAIL	What local did you retire from?
ANNUAL DUES (due on June 1) circle \$25 Per Person - Certified \$20 Per Person - Classified	one
NAME OF CONTRIBUTOR	
AMOUNT	DATE
CHECK#	OR CHECK HERE FOR CASH
KEEP THIS AS A RECEIPT FOR C	OPE DONATION
NAME OF CONTRIBUTOR	
AMOUNT CONTRIBUTED	DATE