

NARFE MEMBERSHIP APPLICATION

For Active and Retired Federal Employees

www.narfe.org

1. Please enroll me in NARFE chapter 1956
(leave blank if not known)

Also enroll my spouse

2. CHOOSE ALL THAT APPLY

- Retiree Former spouse
 Spouse Former employee
 Survivor Active employee

3. The first year membership fee includes National and Chapter dues. Upon renewal you will be billed for National and Chapter dues at the prevailing rate on your anniversary date.

<u>\$40</u>	X	<u> </u>	=	<u> </u>
membership fee per person		# of people enrolling		total payment

- Charge to my credit card
 Check or money order (payable to NARFE)
 Send Dues Withholding information
 Send Life Membership information
 Bill me

Mail to:

NARFE Membership Services
606 North Washington Street
Alexandria VA 22314-1914

Contact Information:

Full Name: Mr. / Mrs. / Miss / Ms.

Street Address Apt. / Unit

City / State / Zip

Home Phone Number

E-mail Address

Federal Agency

Actual / Expected Retirement Date

Date of Birth

Recruiter's Membership and Chapter Number

Credit Card Information:

MasterCard Discover VISA AMEX

Card Number: _____

Expiration Date: _____ / _____
(MM) (YY)

Name on Card (print): _____

Signature: _____