

**Application for Charter  
CWA Retired Members' Council**

*We hereby request a charter for a Local Retired Members' Chapter and certify that the retiree Chapter will be an active part of Local \_\_\_\_\_*

*Signature of Local Officer \_\_\_\_\_ Date \_\_\_\_\_*

*Name of Chapter President (if not yet known, Local officer will be temporary president)*

\_\_\_\_\_

(Kindly print)

**Council Lifetime Retired Member\*** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Council Lifetime Retired Member\*** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Council Lifetime Retired Member\*** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Council Lifetime Retired Member\*** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Council Lifetime Retired Member\*** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

*\*Membership in the CWA Retired Members' Council is required. If not a Council member, please enclose the one-time \$25 fee for lifetime membership. Make checks payable to CWA RMC.*

**Send to CWA Office of Special Programs, 501 3<sup>rd</sup> Street NW, Washington, DC 20001-2797**