CWA Retired Members' Council
Lifetime Membership

We encourage you to join, by working together we can help increase CWA's bargaining power with employers as we fight to protect our retirement.

Yes, sign me up for Lifetime membership in the **CWA Retired Members' Council**!
Here's my **one-time** $25 payment to the **Council** for **Lifetime membership**.

(Kindly print)
Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Home Local _____ Former Employer _____

Payment Method for COUNCIL LIFETIME MEMBERSHIP FEE:

___ Here is my $25 check made payable to the **CWA Retired Members' Council**

___ Charge the $25 fee to my credit card: ___Visa ___MasterCard ___Discover

Card Number:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date:

☐☐/☐☐

_____ _____
Signature Date

Please mail to **CWA Retired Members' Council, 501 3rd St NW, Washington, DC 20001-2797**

Thank you