



CWA RETIRED MEMBERS CHAPTER 1180

6 Harrison Street, New York, N.Y. 10013-2898

Olivia-718-286-9915/Diane-347-612-1421

MEMBERSHIP APPLICATION 20_____

Current Member

Dues: \$15.00 Jan-Dec 20_____

New Member

COPE:\$1.00 Voluntary

Please fill out form electronically or PRINT IF HANDWRITING

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Agency Retired From: _____ Year: _____

Make check or money order for \$15.00 or \$16.00 (if including COPE donation) payable to
CWA Retired Members' Chapter 1180 and mail to CWA Retired Member Chapter,
6 Harrison Street, New York, NY 10013

COMMENTS/QUESTIONS:

Office Use Only

Check Date	Check/MO #	\$/Check/MO #	N/C	Your Initials
Check to Bank	Posted	Card & Items	Mailing Date	