



## 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 \_\_\_\_\_

(☞ Kindly print)

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

\_\_\_\_\_

**\*Five Council Lifetime Retired Members are required to Charter and form a Local Chapter**

**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*

*Revised 4-12-16, RMC - 07*