

**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 3rd Street NW, Washington, DC 20001-2797