

TWU RETIREES MEMBERSHIP APPLICATION

1. Complete the enrollment form on right.

2. Make check or money order payable to:

TWU-Retirees Association

3. Send to:

TWU-Retirees Association

195 Montague St 3rd Fl

Brooklyn, NY 11201

Membership type (check one)

INDIVIDUAL MEMBERSHIP - \$50 Annually

FAMILY MEMBERSHIP - \$85 Annually

No Refunds

Name (please print) _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Cell

Phone No. () _____ Date of Birth _____

Local _____ Pass# _____

Spouse's Name _____ Date of Birth _____

Spouse's Social Security Number _____

Email address _____

Check if interested in receiving a Dental and Vision package