

# TWU RETIREES MEMBERSHIP APPLICATION

1. Complete the enrollment form on right.

2. Make check or money order payable to:

**TWU Local 100 Retirees Association**

3. Send to:

**TWU Local 100 Retirees Association**

**195 Montague st, 3rd Fl.**

**Brooklyn, NY 11201**

**Membership type (check one)**

**INDIVIDUAL MEMBERSHIP - \$50 Annually**

**MEMBER & SPOUSE - \$85 Annually**

**Name (please print)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Area Code and Phone No. ( )** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Local** \_\_\_\_\_ **Pass#** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Spouse's Social Security Number** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Check if interested in Dental and Vision**