

**CWA Local 1036-R  
Retired Members Chapter  
Membership Form**



Yes, I want to join the retired members chapter of CWA Local 1036. Enclosed is a check for \$12 for one year of membership.

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Year Retired \_\_\_\_\_

Department I Retired From \_\_\_\_\_

I would be interested in working on one of these committees:

\_\_\_ Organizing Committee

\_\_\_ Legislative and Political Action Committee

\_\_\_ Community Services Committee

\_\_\_ Pensions and Benefits Committee

\_\_\_ Membership Committee

Make checks payable to "CWA Local 1036-R" and mail to:

CWA Local 1036-R  
Retired Members Chapter  
1 Lower Ferry Road

West Trenton, NJ 08628