



**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