

MEMBER REGISTRATION FORM

Members receive newsletters, luncheon/special activity reminders and voting privileges

Last Name				First Na	mo					٦
	am the Retiree YES NO				I am the Spouse of a Retiree YES NO					
Address		TLS NO		Talli	the sp	ouse or	a Nethee	11.5	NO	-
71001000										_
City	State			9	Zip Code					
						(9 digit if possible)				
Talambana				Call Dia						_
Telephone				Cell Pho	ne:					-
Email Addre	ess									-
Dept. You					Year	of				
Retired From					Retirement					
to check one of I want I will of I wou Returning me	of the tore deper lld pr mber mem	following: eceive ACRA post and upon the quar efer <u>ONLY</u> elect s: We hope you abers: We invite	cards annou terly newslet tronic versic will join us fo	ncing the lun ter for ACRA ons of the no	cheons prograewslett	and spe im upda ter and ocializing	ecial events in tes. notices. g, good food,	addition t	ested in, we ask your control of the newsletter. It is speakers and speakers and speakers and speakers.	ecia
			ANN	UAL DUE	S ARE	<u>\$15.0</u>	<u>)0</u>			
	Joi	n by mailing you	·	form and che ACI P.O. BOX PITTSBURGH	RA (15285		ole to ACRA to	the follow	wing:	

Amount Enclosed: Dues \$_____ Additional Donation \$_____