

## **NEW RETIREE MEMBERSHIP REGISTRATION FORM**

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

Please Print Clearly

Last Name			First Name	First Name				
I am the Retiree YES NO			I am the Spouse of a Retiree		YES	NO		
Address								
City			State		Zip Co	ode it if possible		
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Telephone				Cell Phone:				
Email Addre	ess .							
Don't Vou				Va	o.f			
Dept. You Retired From					r of irement			
I will d	to re lepen	ceive ACRA postcar d upon the quarterl efer <u>ONLY</u> electroi	ly newslette	r for ACRA pro	ram upda	tes.	addition to	o the newsletter.
_	mem	bers: We invite you	-	•	-		_	speakers and specia p://acretirees.org t
			<u>ANNU</u>	AL DUES A	RE \$20.0	<u>)0</u>		
	Joii	n by mailing your co	ompleted for	rm and check n ACRA	ade payal	ble to ACRA to	o the follow	ving:
			רום	P.O. BOX 152 FTSBURGH, PA				

NEW RETIREES WHO JOIN WILL RECEIVE A COUPON FOR A FREE LUNCH AT ONE OF ACRA'S UPCOMING LUNCHEON, UPON THEIR PAID MEMBERSHIP.