NEW RETIREE MEMBERSHIP REGISTRATION FORM

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

NEW MEMBERSHIP Please Print Clearly

Last Name		First Name			
I am the Retiree	YES NO	I am the Spouse of a Retiree	YES NO		
Address					
City		State		Zip Code (9 digit if possible)	
Telephone		Cell Phone:			
Email Address					
Confirm Email					
Dept. You Retired From		Year of Retirement			

In order to keep our mailing costs down and not bother you with information you may not be interested in, we ask you to check one of the following:

☐ I want to receive ACRA postcards announcing the luncheons and special events in addition to the newsletter.

☐ I will depend upon the quarterly newsletter for ACRA program updates.

☐ I would prefer **ONLY** electronic versions of the newsletter and notices.

Check out our website at http://acretirees.org to see upcoming events.

ANNUAL DUES ARE $25.00

Join by mailing your completed form and check made payable to ACRA to the following:

ACRA
P.O. BOX 15285
PITTSBURGH, PA 15237

Amount Enclosed: Dues $_____ Additional Donation $_____

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