



CWA RETIRED MEMBERS CHAPTER 1180

6 Harrison Street, New York, N.Y. 10013-2898

Phone Number:(917)753-8538

MEMBERSHIP APPLICATION 20_____

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Current Member

Dues: \$15.00 Jan-Dec 20_____

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New Member

COPE:\$1.00 Voluntary

Please fill out form electronically or PRINT IF HANDWRITING

Name:_____

Address:_____ **Apt:**_____

City:_____ **State:**_____ **Zip Code:**_____

Home Phone:_____ **Cell Phone:**_____

Email:_____

Agency Retired From:_____ **Year:**_____

Make check or money order for \$15.00 or \$16.00 (if including COPE donation) payable to
CWA Retired Members' Chapter 1180 and mail to CWA Retired Member Chapter,
6 Harrison Street, New York, NY 10013

COMMENTS/QUESTIONS:

Check to Bank	Posted	Card & Items	Mailing Date