



CWA RETIRED MEMBERS CHAPTER 1180
6 Harrison Street, New York, N.Y. 10013-2898
Phone Number:(917)753-8538

MEMBERSHIP APPLICATION 20_____

- Current Member** **Dues: \$15.00 Jan-Dec 20_____**
- 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**

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COMMENTS/QUESTIONS:

Check to Bank	Posted	Card & Items	Mailing Date