

**MILWAUKEE RETIREE ASSOCIATION**

Retiree Chapter 48 AFSCME \* P.O. Box 342055 \* Milwaukee, WI 53234-2055

**ANNUAL APPLICATION FOR:** Retiree Spouse New Member OR Renewal

Name (Print): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -- \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Year Retired: \_\_\_\_\_ Agency/Department: \_\_\_\_\_

**Amounts Paid:** \$15 Annual Dues Per Member **Make checks payable to:**  
**AND** **Milwaukee Retiree Association**

\$10 Defense Fund Assessment Per Member \_

\$ \_\_\_\_\_ Additional Donation for Defense Fund OR Postage, etc.

**Amount Enclosed:** \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Representing CMERS pension system retirees and spouses:** the City of Milwaukee, Milwaukee Public Schools, Milwaukee Metropolitan Sewerage District, Housing Authority of Milwaukee, Redevelopment Authority of Milwaukee, Milwaukee Area Technical College and the Wisconsin Center District Rev. 6/26/2011