



**APPLICATION FOR MEMBERSHIP  
MILWAUKEE COUNTY RETIREES SUB-CHAPTER 36, AFSCME**



(Please Print)

\_\_\_\_\_  
Name Spouse's name, if applicable

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
County Area code Phone #

If former AFSCME member, list the number of your local \_\_\_\_\_

\_\_\_\_\_  
Social Security # Former employer

(The annual dues are \$12.00. Please make checks payable to: Milwaukee Sub-Chapter 36, AFSCME.)

NOTICE: In order for us to comply with Internal Revenue Service Rulings, please be advised that your membership dues are not deductible for Federal income tax purposes.

Please check (✓) where applicable:  New Member  Renewal of Membership

