

MILWAUKEE RETIREE ASSOCIATION
AFSCME Chapter 48, P.O. Box 342055, Milwaukee, WI 53234
MEMBERSHIP APPLICATION

Representing Retirees of:
City of Milwaukee; Milwaukee Public Schools; Milwaukee Metropolitan Sewerage District;
Housing Authority of Milwaukee; Redevelopment Authority of Milwaukee;
Milwaukee Area Technical College; Wisconsin Center District

Name _____ Phone() _____
(Print or use return address label)

Address _____ Apt. # _____

City _____ State _____ Zip _____
(9 digit zip code)

Retired from: _____ Year Retired: _____

Sex: M ___ F ___ New ___ Renewal ___ Email _____

Annual Dues \$15.00 payable September 1 Make check payable to: MILWAUKEE RETIREE CHAPTER 48

_____ Date: _____
R 04/08 (Signature)

Check No. _____