




Application Form for Sub-Chapter 36

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|  | | 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 _____ | | |
| <small>(The annual dues are \$12.00. Please make checks payable to: Milwaukee Sub-Chapter 36, AFSCME.)</small> | | | | | |
| <small>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.</small> | | | | | |
| Please check (✓) where applicable: <input type="checkbox"/> New Member <input type="checkbox"/> Renewal of Membership  | | | | | |

Note: Dues are \$15.00 annually effective January 1, 2007

Please include your check and this application and mail to:

Retiree Sub-Chapter 36
% Butch Skare, Treasurer
2430 South St. Clair St
Milwaukee, WI 53207