

AFT-W RETIREE COUNCIL
2022 MEMBERSHIP APPLICATION/RENEWAL

Date: _____

Name:

Address:

City, State, ZIP: Superior, WI

Home Phone: Mobile Phone:

Primary Email Address:

NOTE: Newsletters will be sent via email so please be sure we have a current email for you.

Local retired from:

Please complete the above information or make any necessary changes to the information already provided.

Comments or additional information: _____

Please make your check payable to AFT-W Retirees - return payment and this form to:

AFT-Wisconsin
ATTN: Kathy Kreul
PO Box 285
Highland, WI 53543

___ I am enclosing \$20 dues for 2022.

___ I prefer a Lifetime membership. I am enclosing \$200.

___ I want to contribute an additional amount of \$_____ to COPE (payable to AFT-W COPE).
(COPE is the Committee on Political Education which contributes money to candidates approved by the AFT-W COPE Committee and the AFT-W Board)

If you have questions or would like additional information, please contact Kathy Kreul, AFT-W Executive Assistant; 608-662-1444 or email at kreul@aft-wisconsin.org.