

NARFE MEMBERSHIP APPLICATION

For Active and Retired Federal Employees

www.narfe.org

1. Please enroll me in NARFE chapter _____
(leave blank if not known)

Also enroll my spouse

2. CHOOSE ALL THAT APPLY

- Retiree Former spouse
 Spouse Former employee
 Survivor Active employee

3. The first year membership fee includes National and Chapter dues. Upon renewal you will be billed for National and Chapter dues at the prevailing rate on your anniversary date.

$$\frac{\$45}{\text{membership fee per person}} \times \text{X} \frac{\text{\# of people enrolling}}{\text{\# of people enrolling}} = \frac{\text{total payment}}{\text{total payment}}$$

- Charge to my credit card
 Check or money order (payable to NARFE)
 Send Dues Withholding information
 Send Life Membership information
 Bill me

Mail to:

NARFE Membership Services
606 North Washington Street
Alexandria VA 22314-1914

Contact Information:

Full Name: Mr. / Mrs. / Miss / Ms.

Street Address _____ Apt. / Unit _____

City / State / Zip _____

Home Phone Number _____

E-mail Address _____

Federal Agency _____

Actual / Expected Retirement Date _____

Date of Birth _____

Recruiter's Membership and Chapter Number _____

Credit Card Information:

MasterCard Discover VISA AMEX

Card Number: _____

Expiration Date: _____ / _____
(MM) (YY)

Name on Card (print): _____

Signature: _____