NEW Member Application

Note: Existing Members will be invoiced when appropriate

2024 MILWAUKEE RETIREE ASSOCIATION, INC 2024

Effective January 1 - December 31 Annually PO Box 342055, Milwaukee WI 53234-2055 Phone: 414-297-9215 Leave Message

Name (Print):		Phone: ()			
			Apt/Unit/Lot #	:	
	State		Zip+4:		
	d: Agency/Departme	nt:			
Email Addre	ess:				
	\$15 Annual Membership Fee				
	\$15 Annual Membership Fee Spous	se			
	Spouse Name:				
	\$10 Optional Assessment				
\$	Additional Donation for	Assess	ment		
\$	Additional Donation for	Postage	e, etc.		
Total Enclos	sed: \$ Check/Money C	Order Nu	mber:		
Member's Signature:			Date:		_/2024
Make payme	ents payable to: MILWAUKEE RETIREE A	ASSOCIA	TION, INC Rev		