

NEW Member Application

Note: Existing Members will be invoiced when appropriate

MILWAUKEE RETIREE ASSOCIATION, INC

Effective January 1 - December 31 Annually

PO Box 342055, Milwaukee WI 53234-2055 Phone: 414-297-9215 Leave Message

Name (Print): _____ Phone: (____) _____

Address: _____ Apt/Unit/Lot #: _____

City: _____ State: _____ Zip+4: _____

Year Retired: _____ Agency/Department: _____

Email Address: _____

- \$15 Annual Membership Fee
- \$15 Annual Membership Fee Spouse

Spouse Name: _____

- \$10 Optional Assessment

\$ _____ Additional Donation for Assessment

\$ _____ Additional Donation for Postage, etc.

Total Enclosed: \$ _____ Check/Money Order Number: _____

Member's Signature: _____ Date: ____/____/202__

Make payments payable to: MILWAUKEE RETIREE ASSOCIATION, INC Rev: 12/12/2024 - NAO web

(The MRA effectively represents all City of Milwaukee's Employees' Retirement System retirees and spouses)