

**CWA RETIRED MEMBERS' COUNCIL
CHAPTER MEMBERSHIP UPDATES**

PAGE _____ OF _____

Chapter _____ Date _____ President's Name _____

Address _____ City, State, Zip _____

Name _____ Date of Birth _____ Former Employer _____

Address _____ City, State, Zip _____

Phone _____ Cell _____ Email _____

New Chapter Member: Existing Council Lifetime Member Check Enclosed for One Time \$25 Council Lifetime Membership Fee

Update Status: Drop From Chapter Membership Deceased

Update Other Information _____

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