

NARFE SPOUSAL MEMBER REBATE

NARFE I.D. # _____ Chapter No. _____

Name (First) _____ (Last Name) _____

Address _____ City _____ State _____ Zip _____

This is to certify that I have enrolled my spouse for NARFE membership by one of the following: (Check box)

NARFE Membership Application Form H-140A. Authorized Dues Withholding from my Annuity

Signature

I.D.#

Date: _____ I understand my spouse will receive a \$5.00 Rebate check.

Mail this completed form to: Eva Heller, Federation 1st Vice President, 2732 S. Garfield St., Denver, CO 80210
Form C-9 (03/2010)
