



NARFE MEMBERSHIP APPLICATION

For Active and Retired Federal Employees

www.narfe.org

1. Choose all that apply:

- Retiree
- Spouse
- Survivor
- Active employee
- Former spouse
- Former employee

2.

- Also enroll my spouse _____

3.

- Please enroll me in NARFE chapter _____
Full name _____
Leave blank if not known

4.

_____	\$45	x	_____	=	_____
Membership Fee			# of People		Total
Per Person			Enrolling		Payment

- Total payment (check, bill pay or money order payable to NARFE)
- Bill me
- Charge to my credit card

The first year membership fee includes national and chapter dues.

Credit Card Information:

Card type:

- MasterCard
- Discover
- VISA
- AMEX

Card no. _____

Expiration Date _____

(MM) (YY)

Name on Card (Print) _____

Signature _____ Date _____

Contact Information:

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

Street Address _____ Apt./Unit _____

City/State/ZIP _____

Home Telephone Number _____

E-mail Address _____

Federal Agency _____

Actual/Expected Retirement Date _____

Date(s) of Birth _____

10177737 1089
Recruiter's Membership and/or Chapter Number

MAIL TO:

NARFE Member Records

606 N. Washington St.
Alexandria, VA 22314-1914
Fax: 703-838-7783