

**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 F-135     Authorized Dues Withholding from my Annuity

\_\_\_\_\_  
Signature

I.D.# \_\_\_\_\_

Date: \_\_\_\_\_

I understand my spouse will receive a \$10.00 Rebate check.

**Mail this completed form to: Greg Kann, Federation 1st Vice President, 6010 W Colorado Ln, Lakewood, CO 80232-6484**  
Form C-9 (03/2010)

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