



Yes! I Want to Renew My Membership

Dues for the new fiscal year are now payable.

*Please forward a completed form for automatic dues deduction from your pension or a check in the amount of \$36 and this card to
R.I. AFT/R, PO Box 2452, 30 Monticello Rd., Pawtucket, RI 02861.*

Name: _____ *Phone:* _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

E-mail: _____ *Former Local:* _____

Retire Date: _____ *Life Member:* _____ *If you are 85 years of age or older, you qualify for Life Membership. You are no longer required to pay dues. Please provide your date of birth.* _____

I do not want to have \$2.00 of my annual dues set aside for the Retiree Chapter's COPE activities as proscribed in the Chapter's By-Laws.