

# NARFE MEMBERSHIP APPLICATION

For Active and Retired Federal Employees

[www.narfe.org](http://www.narfe.org)

1.  Please enroll me in NARFE chapter \_\_\_\_\_  
(leave blank if not known)

Also enroll my spouse

## 2. CHOOSE ALL THAT APPLY

- Retiree                       Former spouse  
 Spouse                         Former employee  
 Survivor                       Active employee

3. The first year membership fee includes National and Chapter dues. Upon renewal you will be billed for National and Chapter dues at the prevailing rate on your anniversary date.

$$\frac{\$33}{\text{membership fee per person}} \times \frac{\text{# of people enrolling}}{\text{# of people enrolling}} = \frac{\text{total payment}}{\text{total payment}}$$

- Charge to my credit card  
 Check or money order (payable to NARFE)  
 Send Dues Withholding information  
 Send Life Membership information  
 Bill me

### Mail to:

**NARFE Membership Services**  
**606 North Washington Street**  
**Alexandria VA 22314-1914**

### Contact Information:

Full Name: Mr. / Mrs. / Miss / Ms.	
Street Address	Apt. / Unit
City / State / Zip	
Home Phone Number	
E-mail Address	
Federal Agency	
Actual / Expected Retirement Date	
Date of Birth	
Recruiter's Membership and Chapter Number	

### Credit Card Information:

- MasterCard     Discover     VISA     AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
(MM) (YY)

Name on Card (print): \_\_\_\_\_

Signature: \_\_\_\_\_