

Membership Application/Renewal

Mark one: Application (Join) Renewal

Name: _____

Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

FWS Program:
(at retirement) _____

Title:
(at retirement) _____

Office & Region:
(at retirement) _____

Memberships:
(mark one) 1-year \$25.00 2-year \$50.00 3-year \$75.00* Lifetime \$500.00

*Why not just round it off at \$100? After all, it's a 501(3) non-profit **tax deductible** cause!

Mail completed form to and make check payable to:

Treasurer, USFWS Retirees Association, P.O. Box 27896, Panama City Beach, FL 32411

**For additional information or assistance, e-mail Gail Carmody at gcarmody@att.net
or phone Gail at 1-850-235-9012**