Colorado Education Association 1500 Grant Street Denver, CO 80203

| TO MIDITI ILIMAM COLICELLI | Τo | Whom | It May | V Concern |
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I am writing this letter to request my \$39 Every Member Option refund for the 2011-2012 school year. Please kindly send the payment to the address listed below.

| Name: | | |
|-----------------------|---------------------|-------|
| Address: | | |
| City / State / ZIP: | | |
| Local Association: | | |
| Last 4 Digits of Soci | al Security Number: | - |
| | | |
| | | |
| | Signature | Date |