IBEW 1245 RETIREES CLUB-MEMBERSHIP APPLICATION

**OFFICE USE ONLY**

Received: \_\_\_\_\_\_\_\_\_\_

Check No: \_\_\_\_\_\_\_\_\_

Check Amt: \_\_\_\_\_\_\_\_

Enrollment effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(PLEASE PRINT ALL INFORMATION)**

# MEMBER’s NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_ HOME NO. ( \_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL NO. (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE’s NAME (if applicable)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORMER EMPLOYER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NO. XXX / XX / \_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEE(S), IF APPLICABLE, IN MY CHAPTER:**

 **Political Action Community Service Hospitality Social Mentoring Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE FOLLOWING ISSUES ARE IMPORTANT TO ME:**

 **Long Term Health Care Social Security Medicare Prescription Drugs Crime Other:\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list your hobbies, special skills or areas of expertise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE MAKE YOUR CHECK PAYABLE TO IBEW LOCAL 1245 AND RETURN, ALONG WITH THIS APPLICATION TO:**

**IBEW LOCAL 1245, P.O. BOX 2547 VACAVILLE, CA 95696-9908 Attn: Retirees**

Rev 12/3/15 Tonya