NARFE MEMBERSHIP APPLICATION

For Active and Retired Federal Employees **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.

$45	X	_____	=	_____
membership fee per person		# of people enrolling		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: _____