



**CWA Local 4250 RMC #210**

**MEMBERSHIP APPLICATION - CWA LOCAL 4250 RMC**

Please print all information, sign, date and mail to:

**CWA Local 4250 Retired Members' Chapter  
3055 Glenwood-Dyer Road  
Lynwood, Illinois 60411**

\_\_\_\_ Yes, I would like to join the CWA Local 4250 Retired Members' Chapter (RMC). My \$10.00 check or money order for annual dues, made payable to: CWA Local 4250 Retired Members' Chapter is enclosed. **(NOTE): CWA Local 4250 will pay the onetime \$25 CWA International Lifetime Council Membership fee for all dues paying Local 4250 RMC Members.**

**NAME:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-MAIL ID:** \_\_\_\_\_  
(Important)

**PHONE NUMBER:** \_\_\_\_\_  
(Important)

**SSN: xxx-xx-** \_\_\_\_\_  
Last 4 Digits Required To Verify CWA Membership

**DATE OF BIRTH:** \_\_\_\_\_

**DATE OF RETIREMENT:** \_\_\_\_\_

**FORMER CWA REPRESENTED EMPLOYER:** \_\_\_\_\_

**FORMER CWA LOCAL UNION NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Office Use Only  
Lifetime Membership Application Submitted:**

**Rev: 6/29/10**