

Attachment 1 - MEMBERSHIP INFORMATION FORM

Central Florida Chapter Local Union No. 3,

I.B.E.W. Retirees Association

MEMBERSHIP INFORMATION FORM

Name: _____
Last First M.I.

Spouse's Name: _____

Date of Birth: _____ Date of Membership Application: _____

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: (____) _____ - _____ CELL PHONE: (____) _____ - _____

E-Mail: _____@_____

I am Interested In Serving On The Following Committee(s) or Positions:

Members Relations _____

Election _____

Political Action _____

Communications _____

Hospitality _____

Sunshine _____

Mentoring _____

Officer _____

Please list your hobbies, special skills or area of expertise: _____

Mailing Address

Central Florida Chapter Local Union # 3, I.B.E.W. Retirees Association

P.O. Box 350136

Palm Coast, FL 32135