Application for Charter
CWA Retired Members’ Council

We hereby request a charter for a Local Retired Members’ Chapter and certify that the retiree Chapter will be an active part of Local ________

Signature of Local Officer __________________________ Date __________

(Kindly print)
Name of Chapter President (if not yet known, a Local officer will be temporary president)

________________________________
________________________________

*Five Council Lifetime Retired Members are required to Charter and form a Local Chapter

Council Lifetime Retired Member* __________________________________________
Address ______________________________________________________________
City, State, Zip ________________________________________________________________________
Email address ____________________________________________________________
Telephone ______________________ Signature ____________________________

Council Lifetime Retired Member* __________________________________________
Address ______________________________________________________________
City, State, Zip ________________________________________________________________________
Email address ____________________________________________________________
Telephone ______________________ Signature ____________________________

Council Lifetime Retired Member* __________________________________________
Address ______________________________________________________________
City, State, Zip ________________________________________________________________________
Email address ____________________________________________________________
Telephone ______________________ Signature ____________________________

Council Lifetime Retired Member* __________________________________________
Address ______________________________________________________________
City, State, Zip ________________________________________________________________________
Email address ____________________________________________________________
Telephone ______________________ Signature ____________________________

*Membership in the CWA Retired Members’ Council is required. If not a Council member, please enclose the one-time $25 fee for lifetime membership. Make checks payable to CWA RMC. Send to CWA Office of Special Programs, 501 3rd Street NW, Washington, DC  20001-2797

Revised 4-12-16, RMC - 07