



## Active and Retired Federal Employees ... JOIN NARFE TODAY!

National Active and Retired Federal Employees Association

The only organization dedicated solely to protecting and preserving the benefits of all federal workers and retirees, NARFE informs you of any developments and proposals that affect your compensation, retirement and health benefits, AND provides clear answers to your benefit questions.

### Who Should Join?

If your future security is tied to federal retirement benefits — federal retirees, current employees, spouses, and individual survivors — *you are welcome to join NARFE.*

### Three Easy Ways To Join

1. Complete this application and return by mail with your payment.
2. Join online at [www.narfe.org](http://www.narfe.org).
3. Call 800-627-3394, Monday through Friday, 8 a.m. to 5 p.m. ET.

## NARFE MEMBERSHIP APPLICATION

### ☐ YES. I want to join NARFE.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### I am a (check all that apply)

- ☐ Active Federal Employee  
☐ Active Federal Employee Spouse  
☐ Annuitant  
☐ Annuitant Spouse  
☐ Survivor Annuitant

### ☐ Please enroll my spouse

Spouse's Full Name \_\_\_\_\_

Spouse's Email \_\_\_\_\_

*NARFE respects the privacy of our members. Personal information is used to provide content and relevant communications to our members, and will not be sold or rented to third parties without your express permission.*

### Choose Your Membership Type

#### ☐ eNARFE Chapter Online Membership – \$40

NARFE's electronic chapter. Receive *narfe* magazine by mail each month, and all other communications by email and on eNARFE.org. Get important updates and legislative action alerts, and have access to the eNARFE blog.

OR

#### ☐ Local Chapter Close-to-Home Membership – \$40\*

Affiliation with the NARFE chapter closest to your home. Receive *narfe* magazine each month; attend meetings, often with invited speakers; network; and get involved in grass-roots lobbying efforts.

Chapter Affiliation: Chapter # \_\_\_\_\_ (if known, otherwise enroll me in the chapter closest to my ZIP code).

**\*First-year dues. Subsequent years, \$40 plus local chapter dues.**

### Total Dues

\$40 First-Year Dues X \_\_\_\_\_ = \_\_\_\_\_

Per Person # Enrolling Total Dues

### PAYMENT OPTIONS

- ☐ Check, Money Order or Bill Pay (Payable to NARFE)  
☐ Bill me (NARFE membership will start when payment is received.)  
☐ Charge my: ☐ MasterCard ☐ VISA  
☐ Discover ☐ American Express

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_  
mm yyyy

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MAY WE THANK SOMEONE?** If applicable, please provide the name, membership and chapter number of the member who introduced you to NARFE:

Recruiter's Name \_\_\_\_\_

Recruiter's Membership ID \_\_\_\_\_

Recruiter's Chapter Number \_\_\_\_\_