

**Alaska  
AFSCME  
Retiree  
Chapter 52**

**Application for  
Membership**



Name (please print)

Street

City

State

ZIP

Telephone

E-mail

Social Security Number

If you are the surviving spouse of the Retiree, please check here

Signature

Date

**(Please make check payable to: Alaska AFSCME Retirees)**

**Notice:** In order for us to comply with Internal Revenue Service rulings, please be advised that your membership dues are not deductible for federal income tax purposes. Dues are \$24 per year.

