MEMBERSHIP APPLICATION – M-NCPPC RETIREES ASSOCIATION

NOTE: Dues are \$25 for three y	years.			
Check One: I am applying for a	REGULAR: ASSOC	IATE: SP	OUSE:	
PLEASE PRINT				
Name				
Last	First	MI	Nick Name	
Name of Spouse/Partner				
Address				
City	State	Zip C	Zip Code	
Cell or Home Phone Number (p	lease circle)			
Email Address				
Dates of Employment				
Date of Retirement	Number of Years of Service			
County/Dept./Division where e	mployed			
I am interested in Volunteering : Newsle	etter Events/Travel	Finances	_ Board	
Other				
After processing your application				
Signature		Date		
After completing the application, submi	it with a check in the amount of	\$25 (three-year m	embership) <u>made</u>	
payable to: THE M-NCPPC RETIREES AS			-	
membership. The calendar year in whi year(s) begin. For example, if you pay			•	

Return the Membership Application and Check to:
Margaret Kingsley, Membership Coordinator: 13712 Pryor Road
Thurmont, MD 21788

If you have any questions, you may contact any Board Member listed on this brochure. Check out the Association's FaceBook page at https://www.facebook.com/people/MNCPPC-Retirees-Association/100064545706024/. You will need to have a FaceBook account.