

Association of Retired Fish & Wildlife Employees (ARFWE)

MEMBER INFORMATION

Name (First, Last and MI):

Date of birth:

Phone:

Alternate or Cell Phone:

Email Address:

Name of Spouse or Significant Other:

Spouse Date of Birth:

Current address (complete this section ONLY if no summer/winter addresses):

City:

State:

ZIP Code+4:

Mailing address (if different than current):

City:

State:

ZIP Code+4:

Summer address (if applicable):

Summer City:

Summer State:

Summer ZIP Code+4:

Month/Year you are normally at this address (used for mailings):

Winter address (if applicable):

Winter City:

Winter State:

ZIP Code +4:

Month/Year you are normally at this address (used for mailings):

EMPLOYMENT INFORMATION

Retired from (agency Name):

Division or Program(s) worked for:

Month/Year Retired:

Special Information/Instructions (use this space to tell us anything else you want us to know) or Do you have any suggestions for the board or ideas for Association activities?

You may complete this form on your computer, save it, and email it to treasurer@arfwe.org **OR** you may print it out, complete with pen, and mail to: Fay Bronson, PO Box 2568, Olympia, Washington 98507