



## Congratulations and Welcome to Retirement!

Love fish, wildlife, and the outdoors? Want to stay in touch and attend social events with other retirees? Do you want to share your agency experience and contribute to the rich history of fish and wildlife protection & management and business administration in Washington?

Join us!

### The Association of **RETIRED** Fish and Wildlife Employees



We

- Make a donation to an environmental charity in memory of members who pass on.
- Help maintain the rich heritage of the Fish and Wildlife agency
- Pass on the traditions, stories, & history from the County days to the present.
- Mentor new retirees and employees.
- Provide a place where retirees can share photos, WDFW history & news.
- Get involved with fish and wildlife projects. Support WDFW events.
- Publish a quarterly newsletter and maintain a website.
- Archive historical & current photos, and events.
- Sponsor an annual member picnic & other social events around the state.

And best of all...when you turn 90 you qualify to join the prestigious Centenarian club and your dues are free!

Dues are \$20 per year. To join, you should be retired and worked for WDFW (or Wildlife or Fisheries) at some time; be a current employee within 2 years of retirement, a former commissioner of WDFW, or the spouse of a retired WDFW employee.

See our website <https://welcome.arfwe.org/> New retirees get a free issue of the newsletter!

# Association of Retired Fish & Wildlife Employees (ARFWE)

## MEMBER INFORMATION

**Directions to complete form:** Download this file to your computer. You can either print and complete it in ink or complete it on your computer, save, and print.

Name (First, MI, Last):

Year of birth (optional):

Phone:

Alternate or Cell Phone:

Email Address:

Name of Spouse or Significant Other:

Spouse Year of Birth (optional):

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 normally at this address (used for mailings):

Winter address (if applicable):

Winter City:

Winter State:

ZIP Code +4:

Month/Year 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?

The information ensures our records are current and with exception of birth year, will be printed in the member directory. Birth year will be used to track year Centenarian status (age 90) is achieved and membership is free. Information is NOT shared with non-members.

If you have problems with this form, please email a request for help to [treasurer@arfwe.org](mailto:treasurer@arfwe.org). Please include your phone number if you would like a call back. Send the completed form and a personal check for \$20 payable to ARFWE to:

ARFWE Treasurer,  
PO Box 2568  
Olympia, Washington 98507

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