

Get into the action with the AFSCME Retirees.

YES! I'm retired.

I'm about to retire. Retirement date _____

First Name _____ Last Name _____

Street Address _____ Apt. # _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

Email _____ AFSCME Council # _____, Local # _____

Retired/Retiring from _____
(Department or Agency)



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