

Retiree Council 12 Contribution Form July 1, 2014 - June 30, 2015

Name _____ County _____

Address _____ City _____ Year Retired _____

State _____ Zip _____ Phone _____

Email _____

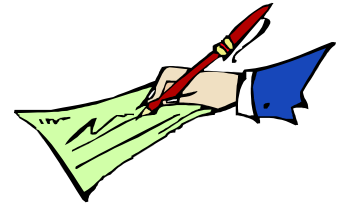
Original Union Local _____ You may share my email with AFT _____

My Assemblymember _____ My NY State Senator _____

My US Representative _____

I would be willing to work for my fellow retirees in the area of:

___ Legislation ___ Social Committee ___ Newsletter



**\$15.00 yearly contribution requested. Send to
Dolores Talmadge 206 Main Street, Fort Plain, NY 13339
Make check payable to NYSUT Retiree Council 12**