

**Retiree Council 12 Contribution Form July 1, 2020 - June 30, 2021**

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Year Retired \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Original Union Local \_\_\_\_\_ You may share my email with AFT and NYSUT \_\_\_\_\_

My Assemblyman \_\_\_\_\_ 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

Check this box if there has been a change in your contact information \_\_\_\_\_ Check # \_\_\_\_\_

\$15.00 yearly contribution requested. Send to \_\_\_\_\_ Amount \_\_\_\_\_

**Dolores Talmadge 206 Main Street, Fort Plain, NY 13339**

***Make check payable to NYSUT Retiree Council 12.***

**Any questions, please call (518) 993-2854 .**