

Retiree Council 12 Contribution Form July 1, 2023—June 30, 2024

Name _____ County _____

Address _____ City _____

Year Retired _____

State _____ Zip _____ Phone _____

Email _____

Original Union Local _____
AFT and NYSUT _____

You may share my email with

I would be willing to work for my fellow retirees in the area of: ___ Legislation ___ Social Commit-
tee ___ Newsletter

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

\$15.00 yearly contribution requested. Send to

Dolores Talmadge 206 Main Street, Fort Plain, NY 13339

Make check payable to NYSUT Retiree Council 12.

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