Association of U S WEST Retirees Colorado/Wyoming Membership Application (New Member)

_____ _____

Last Name First Name or Names if Dual Membership (e.g., husband and wife)

_____

Street Address or PO Box No.

_____ _____ _____

City State ZIP Code

_____ _____ _____

Telephone No. Fax No. E-mail Address for News and Updates

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I have remembered AUSWR in my will [__]

I am willing to provide help in the following areas: Area Representative[__] Membership [__]

Financial [__] Legislative [__] Media Relations [__] Other (specify)_____

I retired from: Company_____ **Date: _____**

Spouse: Company_____ **Date: _____**

I am an active employee: Company_____ **Date: _____**

Spouse: Company_____ **Date: _____**

I own Qwest Stock: Y N **Spouse: Y N** (Circle the appropriate response)

Annual Dues: ($20.00 /$40.00 dual membership) $_____ **Donation** $_____

Mail completed Form to: **AUSWR CO/WY, PO Box 27027, Denver, CO 80227-0027**

11/03/07 **NOTE: AUSWR** Dues and Donations are not tax-deductible