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Membership Application and Renewal

NWB-U S WEST-Qwest Retiree Association, Inc.

New Member ___ *Renewal* ___ *Change* ___ *Extra* ___ *Date* _____

(Please print)

Name _____

Address _____

City _____ State __ Zip Code _____

Phone _____

E-mail _____ *(please enter if you have one)*

Retired from *(Company)* _____ State __ Year ____

Save us print and postage; get your *Retiree Guardians* electronically? YES__ or NO__

Pledge to be an active NRLN Grassroots Network volunteer and correspond with my
Senators and Representative on issues important to retirees. YES__ or NO__

___ **1 year \$25.00 per person** \$ _____ **Extra Contribution**

Please make your check payable to:
and mail it to the association at:

NWB-U S WEST-Qwest Retiree Association Inc.
12800 Industrial Blvd., Suite 100
Plymouth, MN 55441