

APPLICATION FOR MEMBERSHIP MICHIGAN DNR, DEQ, AND EGLE RETIREES ASSOCIATION

To join the Retirees Association, please complete this form and mail to:

Michigan DNR DEQ Retirees Association
P.O. Box 16
Ravenna, MI 49451

Retiree/Employee: _____ DNR DEQ EGLE

Spouse/Partner: _____

Is your Spouse/Partner a DNR, DEQ, or EGLE Retiree: Yes No

Main Address

Seasonal Address

Dates _____

Dates _____

Street _____

Street _____

City _____

City _____

State/Zip _____

State/Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____ Retiree

Email _____ Spouse or other

How did you learn about the Association? _____

Dues: First year of new membership is free.

I want to extend my membership for an additional ____ year(s) at \$10 per year \$_____

I want to receive the Newsletter (choose one): Printed Emailed

If you have an email account you will receive a Membership Directory by e-mail within 30 days.

I do not have an email account and want to receive a printed copy of the
Membership Directory at a cost of \$12.00. \$_____

I want to make an optional tax-exempt donation. \$_____

Make check payable to Michigan DNR DEQ Retirees Assn. Total Check Amount: \$_____

My news for newsletter (include division(s), date retired, service years, and what you are up to now)
