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 $15.00. $_____

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)

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Attach additional pages if needed. *June 2026*