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MEMBERSHIP FORM

(PLEASE PRINT!) Title: (Miss, Ms, Mrs, Mr, Dr, etc) Name: First Middle Initial: Last: Mailing Address: _____ Apt No: ____ City, State: Zip Code: Phone: (____) ____ Email: Date of Retirement (month/day/year): / / Join Date: Former Position and School: FCRE is a volunteer organization. Please help us stay strong. Check all categories where you would be interested in volunteering: member activities luncheon set-up luncheon program scholarship retiree benefits **CHECK ONE:** Make check payable to and send to: New Member – First Year TERE! **FCRE** One Year S30 **PO Box 682** Springfield, VA 22150-0682 Three Years \Bigs \$75 All new members will receive the *Advocate* newsletter by email.

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