



Get Involved!

703-923-9877 | WWW.FCRE.ORG

MEMBERSHIP FORM

(PLEASE PRINT!)

Title _____ (Miss, Ms, Mrs, Mr, Dr, etc) Suffix _____

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> member activities | <input type="checkbox"/> luncheon set-up | <input type="checkbox"/> luncheon program |
| <input type="checkbox"/> publication (<i>The Advocate</i>) | <input type="checkbox"/> history/records | <input type="checkbox"/> scholarship |
| <input type="checkbox"/> retiree benefits | | |

CHECK ONE:

New Retiree – First Year **FREE!**

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FCRE

PO Box 682

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