

IBEW Local Union 965 Retiree Club Application for Membership

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Spouse's Name: _____

I am interested in participating in the following:

Picnic _____ Community Service _____

Political Action _____ Other _____

I would like to discuss these topics at upcoming Retiree Club
meetings: _____
