

AFSCME ILLINOIS RETIREE CHAPTER 31

MEMBERSHIP CARD FOR CASH DUES PAYERS

SUBCHAPTER NUMBER _____

NAME _____

STREET _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____ **HOME PHONE** _____

CELL PHONE* _____ **BIRTHDATE** _____

RETIREMENT DATE _____

SIGNED: _____ **DATE** _____

**PLEASE FILL OUT AND RETURN WITH CHECK FOR \$36.00 ANNUAL DUES
TO: AFSCME RETIREE CHAPTER 31, 615 SOUTH SECOND STREET, PO BOX
2328, SPRINGFIELD, ILLINOIS 62705-2328 ATTENTION HEATHER MORRELL**

***By providing your cell phone number you consent to receive calls (including recorded
or autodialed calls of texts) at that number from AFSCME and its affiliated labor,
political and charitable organizations on any subject matter. Your carrier's rates may apply.**