***PLEASE PRINT THIS FORM ***
Return completed form with check to:
TelecomPioneers
P.O. Box 4406
Salem, MA 01970
Attn: VZ West Membership

APPLICATION FOR MEMBERSHIP

NAME:
(PRINTED)_____
LAST NAME FIRST NAME MI

SIGNATURE:_____

HOME ADDRESS: _____

CITY:_____ STATE____ ZIP CODE_____ PHONE_____

COMPANY:_____DEPARTMENT_____

WORK ADDRESS:_____
STREET CITY STATE ZIP

WORK TELEPHONE # _____E-Mail Address:_____

SERVICE DATE _____ Are you Retired?_____ Date_____
MONTH/DAY/YEAR *Retirees do not pay dues if current TPA paid member when retired*

SOCIAL SECURITY # (optional) _____-_____-_____

SPOUSE / SIGNIFICANT OTHER NAME (optional) _____

CLUB OR COUNCIL AFFILIATION _____

DUES

Annual dues - $15 (current year begins July 1, 2003 and ends Dec. 31, 2004)
Make Checks payable to: TelecomPioneers Verizon West Chapter
Include with this completed form and mail to the address listed above

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_____
Name of Person Signing New Member (if other than self) Telephone # Date

Updated 11/17/03