

Dues Withholding Application for Retirees

Be sure to fill out both sides of this form and mail to: Attn: Member Records, NARFE,
606 North Washington Street, Alexandria, VA 22314

(Please Print)

- -

Social Security Number
(9-digit number)

C S

- - -

Civil Service Annuity Number
(Include prefix, CSA or CSF)

(Include any applicable suffix)

(Mr., Mrs., Miss, Ms.)

Last, First, Middle Initial

Address:

Telephone Number:

City, State, Zip:

E-mail:

Date of Birth:

NARFE Membership Number

NARFE Chapter Number:

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