NARFE
FEDERAL BENEFITS EXPERTS

Gift Membership Application

☐ **Please start a 1-year gift membership for the recipient listed below. Dues are $48.**

From:

Sponsor Name _____

Membership ID No._____

To:

Recipient Name _____

Address _____

_____

Email Address _____ Phone _____

Recipient is: ☐ Active Federal Employee ☐ Active Federal Employee Spouse
☐ Annuitant ☐ Annuitant Spouse ☐ Survivor Annuitant

Would you like to include a local chapter? Chapter #__439__

1Z

Payment Options

☐ Check, Money Order or Bill Pay (Payable to **NARFE**)

☐ Charge my: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Card Number _____ Expiration Date_____/_____
mm yyyy

Name on Card (Print) _____

Signature _____ Date_____

Your gift membership includes:

1. Access to the NARFE Federal Benefits Institute's webinars and resources
2. *NARFE Magazine*
3. One-on-one federal benefits assistance
4. Powerful legislative representation on behalf of federal employees and retirees
5. Valuable member perks on travel, personal and professional services, health benefits and more!

Send application to: **NARFE**
Member Services
606 North Washington Street
Alexandria, VA 22314-1914
800-456-8410