

CAPITAL REGION RETIREES ASSOCIATION
MEMBERSHIP FORM



I WISH TO JOIN CRRA FOR THE FOLLOWING TERM :

- 1st Year: FREE
- Annually: \$50 or \$75 with spouse
- Lifetime: \$300 or \$400 with spouse

Full Name

E-Mail

Address

City/State/Zip

Phone

Name of Employer

Retirement Date

Gender

- Male Female

Date Of Birth

I AM INTERESTED IN:

- Medicare Assistance
- Insurance: Health, Dental, Vision, Life
- Social Engagements
- Professional Educational Seminars/Workshops
- Discounts on goods/services

How did you hear about us? _____

PLEASE RETURN TO:

CRRA
3991 NEW YORK HIGHWAY 2
CROPSEYVILLE, NY 12052

QUESTIONS? (518) 929-1506