

**WNY-CWA-RMC Membership Dues (Check for \$15 enclosed)**

Name \_\_\_\_\_

Address \_\_\_\_\_ (City, State, ZIP)

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Please mail this form along with your \$15 check to:**

**WNY-CWA-Retirees  
821 Elk St., Suite B  
Buffalo, NY 14210  
Attn: David Andrade**