

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
3775 Genesee Street
Buffalo, NY 14225
Attn: David Andrade**