



Workers United Retirees Organization
Membership Application Form

Yes, I want to join the Workers United Retirement Organization (WRO) so that I can be eligible for the special tours, meetings and other programs the club offers. I have enclosed a check for \$10 to cover the annual dues.

PLEASE NOTE: IF YOUR SPOUSE WILL ALSO BE JOINING, ENCLOSE A CHECK FOR \$20.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Last Employer: _____

Spouse (If joining): _____

Return this form to:
Workers United Retirement Organization
750 East Avenue • Rochester, NY 14607

Please make checks payable to: **Workers United Retirement Organization**