



International Brotherhood of Teamsters  
Department for Retiree Affairs

**CHAPTER/CLUB MEMBERSHIP APPLICATION**

Name of Retiree Chapter/Club: \_\_\_\_\_

Member's Name: \_\_\_\_\_ SS # \_\_\_\_\_

Member's Address: \_\_\_\_\_

Member's Birthday: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Union Number: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

