

**EAST DETROIT FEDERATION OF TEACHERS--LOCAL 698  
RETIREES MEMBERSHIP APPLICATION**

**Deadline for Payment is Nov. 1 every year.**

Miss Mrs. Ms. Mr. \_\_\_\_\_  
(last name) (first name) (initial)

Mailing Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number(\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Would you like this information printed in the EDFT Retirees' Directory Yes \_\_\_\_\_ No \_\_\_\_\_

**Dues are \$25.00 per year.  
Make check payable to  
East Detroit Retirees  
and send to:**

**Ann Wood  
32735 Desmond Dr.  
Warren, MI 48093**