



Dear Member,

Thank you for thinking of NARFE! For your convenience, we have listed eligibility requirements, benefits of joining NARFE and information needed about the recipient to expedite their new membership.

Who is eligible for a Gift Membership? The same criteria apply to all NARFE applicants.

1. Active federal employee or retiree
2. District of Columbia government employee who qualifies for a federal annuity
3. District of Columbia government retiree
4. Spouse or former spouse of federal employee or retiree
5. Spouse or former spouse of District of Columbia government employee or retiree

What does a Gift Membership include? All the benefits afforded NARFE members.

1. Effective legislative representation on behalf of federal employees and retirees
2. Local NARFE Chapter affiliation
3. A monthly issue of *NARFE* magazine
4. Professional retirement benefits assistance
5. Valuable discounted services on insurance, car rentals, travel services and more!

What information will I need in order to complete a Gift Membership Application?

1. The recipient's first and last name, address and phone number
2. Accurate ZIP code to ensure chapter assignment (placement determined by proximity to residence)
3. Your NARFE member identification number
4. NARFE requests other information as well, but the criteria listed above is mandatory

As the sponsor, what is my role in maintaining the Gift Membership?

As the sponsor, you are responsible for payment of the first year's membership fee for the member you have chosen to sponsor.

Once completed, please return the application to NARFE Headquarters at:
National Active and Retired Federal Employees Association
606 North Washington Street
Alexandria, VA 22314-1914
1-800-627-3394

Gift Membership Application

Sponsor Information:

Sponsor Name _____

Membership ID No. _____

Recipient Information:

Recipient Name _____

Address _____

E-mail Address _____

Active Federal Employee Retiree Spouse Survivor

Date of Birth _____ Phone _____

Actual/Expected Retirement Date _____ Federal Agency _____

Please enroll the recipient in NARFE Chapter No. _____ *

One year \$33

Check or Money Order Enclosed Payment by Credit Card

CREDIT CARD INFORMATION:

MasterCard VISA Discover American Express

Card Number _____ Expiration Date _____

Name on Card (Print) _____

Signature _____ Date _____

* Call 1-800-627-3394 to determine the chapter nearest the recipient.

Make check payable to NARFE and send application to:
National Active and Retired Federal Employees Association
Recruitment and Retention
606 North Washington Street
Alexandria, VA 22314-1914
1-800-627-3394