NARFE Gift Membership Application

☐ **Please start a 1-year gift membership for the recipient listed below. Dues are $40.**

From:

Sponsor Name _____

Membership ID No. _____

To:

Recipient Name _____

Address _____

_____

Email Address _____ Phone _____

Recipient is: ☐ Active Federal Employee ☐ Active Federal Employee Spouse
☐ Annuitant ☐ Annuitant Spouse ☐ Survivor Annuitant

Would you like to include a local chapter? Chapter # _____

Payment Options

☐ Check, Money Order or Bill Pay (Payable to **NARFE**)

☐ Charge my: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Card Number _____ Expiration Date _____/_____
mm yyyy

Name on Card (Print) _____

Signature _____ Date _____

Your Gift Membership Includes:

1. Effective legislative representation on behalf of federal employees and retirees
2. *narfe* magazine
3. Access to the NARFE Federal Benefits Institute's webinars and resources
4. Professional federal benefits assistance
5. Valuable discounts on insurance, car rentals, travel services and more!

Send application to: **National Active and Retired Federal Employees Association**
Member Records
606 North Washington Street
Alexandria, VA 22314-1914
800-627-3394