	Dues Withholding Application	on for Retirees
(Please Print) Social Security Number (9-digit number) (Mr., Mrs., Miss, Ms.)	Est. 1921	
Address:	Last, First, Middle Initial	Telephone Number:
City, State, Zip:		E-mail:
Date of Birth:	NARFE Membership Number	NARFE Chapter Number:
Dues Withholding Application for Retirees Be sure to fill out both sides of this form and mail to: Attn: Member Records, NARFE, 606 North Washington Street, Alexandria, VA 22314		
Social Security Number (9-digit number) (Mr., Mrs., Miss, Ms.)	Est. 1921	Civil Service Annuity Number (Include prefix, CSA or CSF) (Include any applicable suffix)
Address:	Last, First, Middle Initial	Telephone Number:
City, State, Zip:		E-mail:
Date of Birth:	NARFE Membership Number	NARFE Chapter Number:
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Address:	Last, First, Middle Initial	Telephone Number:
City, State, Zip:		E-mail:
Date of Birth:	NARFE Membership Number	NARFE Chapter Number:

	nent should be forwarded with application.
I authorize the United States Office of Personnel Management to make appropriate deduction field by the National Active and Retired Federal Employees Association as the amount of tions I make below and to pay the deducted sum to the National Active and Retired Federapply to any and all dues changes certified by NARFE membership in accordance with electrical states.	dues for which I am annually obligated, in accordance with elec- eral Employees Association (NARFE). This authorization shall also
Do You Authorize Your Spouse's Dues to Be Withheld	You authorize:
from Your Annuity? Yes No	Annual NARFE dues of \$34.00 plus
If YES, enter your spouse's name and membership number below.	Chapter dues of record to be withheld annually.
Name Number	,
I understand that this authorization shall be valid until NARFE receives and processes my with the Office of Personnel Management and that any disputes regarding this authorizati Office of Personnel Management harmless for any erroneous allotment deduction made processes.	on shall be a matter between NARFE and myself. I hold the
Signature of Annuitant or Survivor-Annuitant	Date DW 2 (10 (10)
Dues payments and gifts or contributions to NARFE are not deductible as charitable contri	DW-2 (10/10)
AUTHORIZATION (Withholding will begin in 60-90 days). No payr I authorize the United States Office of Personnel Management to make appropriate deductive by the National Active and Retired Federal Employees Association as the amount of tions I make below and to pay the deducted sum to the National Active and Retired Federal apply to any and all dues changes certified by NARFE membership in accordance with electric Authority 19 and 19 and 19 are considered by NARFE membership in accordance with electric 19 and 19 and 19 and 19 are considered by NARFE membership in accordance with electric 19 and 19 are considered by NARFE membership in accordance with electric 19 and 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordance with electric 19 are considered by NARFE membership in accordanc	ctions from my annuity payments, not to exceed the amount certi- dues for which I am annually obligated, in accordance with elec- eral Employees Association (NARFE). This authorization shall also
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