

# MEMBERSHIP RENEWAL DNR, DEQ, AND EGLE RETIREES ASSOCIATION

To renew your membership in the Retirees Association, please complete this form and mail to:

DNR, DEQ, and EGLE Retirees Association  
P.O. Box 16  
Ravenna, MI 49451

**Retiree/Employee:** \_\_\_\_\_

**Spouse/Partner:** \_\_\_\_\_

Is your Spouse/Partner a DNR, DEQ, or EGLE Retiree:  Yes  No

**Please complete the following information if it has changed:**

**Main Address**

**Seasonal address**

Dates \_\_\_\_\_

Dates \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email (Retiree) \_\_\_\_\_

Email (Spouse or other) \_\_\_\_\_

I want to extend my membership for an additional \_\_\_\_ year(s) at \$10 per year \$\_\_\_\_\_

I want to receive the Newsletter (choose one):  Printed  Emailed

If you have an email account you will receive a Membership Directory by e-mail.

I do not have an email account and want to receive a printed copy of the Membership Directory at a cost of \$12.00. \$\_\_\_\_\_

I want to make an optional tax-exempt donation. \$\_\_\_\_\_

Make check payable to Michigan DNR DEQ Retirees Assn. Total Check Amount: \$\_\_\_\_\_

My news for the newsletter (you may want to include when and where you retired from, years of service, and what you are up to now):

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*Attach additional pages if needed.*