

**CSA RETIREE CHAPTER - QUEENS REGIONAL UNIT**  
**ENROLLMENT/RENEWAL FORM - 2024**

The 2024 membership year runs from January 1, 2024 until December 31, 2024.

Protect your pension, save your health care, we need your support.

To get reduced rates on all activities you must be a paid member.

If you have already paid your 2024 membership dues please disregard this form.

DATE \_\_\_\_\_ DATE OF RETIREMENT \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ APARTMENT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (     ) \_\_\_\_\_ DOB \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

I WOULD LIKE TO RECEIVE NEWSLETTERS & FLIERS BY E-MAIL – YES \_\_\_ NO \_\_\_

ALTERNATE ADDRESS \_\_\_\_\_ APARTMENT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SPOUSAL INFORMATION: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APARTMENT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OTHER CSA RETIREE CHAPTER REGIONAL UNITS I BELONG TO \_\_\_\_\_

MY \$15.00 CHECK FOR ANNUAL MEMBERSHIP IS ENCLOSED \_\_\_\_\_ OR I HAVE

PREVIOUSLY PAID FOR MEMBERSHIP IN THE QUEENS REGIONAL UNIT

YES \_\_\_\_\_ NO \_\_\_\_\_

**WE WILL NO LONGER BE ISSUING MEMBERSHIP CARDS.**

COMPLETE THIS FORM WITH YOUR \$15.00 CHECK PAYABLE TO  
"CSA QUEENS RETIREEES" AND MAIL IT TO:

LEONARD B. STERMAN  
77-15 251<sup>st</sup> STREET  
BELLEROSE, NEW YORK 11426