

**EAST DETROIT FEDERATION OF TEACHERS--LOCAL 698
RETIREES MEMBERSHIP APPLICATION**

Deadline for Payment is Nov. 1 every year.

Miss Mrs. Ms. Mr. _____
(last name) (first name) (initial)

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Telephone number(_____) _____ E-mail address _____

Would you like this information printed in the EDFT Retirees' Directory Yes _____ No _____

**Dues are \$25.00 per year.
Make check payable to
East Detroit Retirees
and send to:**

**Ann Wood
32735 Desmond Dr.
Warren, MI 48093**