



# FEDERAL EMPLOYEE ASSOCIATION MEMBERSHIP APPLICATION

1747 Citadel Plaza Suite 206, San Antonio, Texas 78209 (210) 821-5121

NAME \_\_\_\_\_ SPOUSES NAME \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

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

HOME PH \_\_\_\_\_ BUSINESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

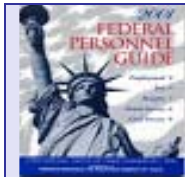
D.O.B \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FEA Membership (Check One)  1 Year for \$24.00 or  3 Years for \$60.00

**WHY NOT CHARGE IT?**  
 VISA -or-  MC Exp. Date \_\_\_\_\_  
 Card # \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 \_\_\_\_\_ Chapter Nr. \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 FEA Membership Nr. \_\_\_\_\_



**You can help your association grow by sponsoring six of your fellow employees who would appreciate hearing about the benefits of FEA and receive a FREE 2001 Federal Personal Guide of your benefits, a \$10 value.**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ TELEPHONE \_\_\_\_\_