

I wish to register a comment/change regarding the following:

(Please circle appropriate area)

CSEA NEWSPAPER

MEMBERSHIP CARD

ADDRESS

OTHER

Comments:

-
- **(Please complete the following - PRINT CLEARLY)** ●

Last four digits of Social Security Number:

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Work Phone: _____

Home Phone: _____

Local: _____

Job Title: _____

E-Mail Address: _____

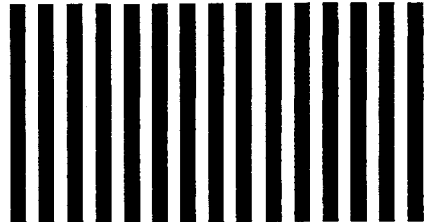
Name of Employer: _____

-
- **Drop in any mail box after completion of above** ●





NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 636 ALBANY NY

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: MEMBERSHIP DEPARTMENT
CSEA INC / LOCAL 1000 AFSCME / AFL-CIO
CAPITOL STATION
PO BOX 7125
ALBANY NY 12214-0242

