



MASWA Retiree Membership Form

MASWA is pleased to offer **free membership** for retirees who used to work in the field of aging services. Simply fill out and return this form.

Name _____

Previous Agency/Position _____

Mailing Address _____

Preferred Phone _____

Email Address _____

[] I would like to be contacted about getting involved with MASWA in some way!

Mail this form to:

Minneapolis Area Senior Workers Association

P.O. Box 26630 – Minneapolis, MN 55426

www.seniorworkers.org

Membership is held in the name of an individual and is non-transferable.