RECSL

Retired Employees of the City of St. Louis PO Box 190724 St. Louis, Mo 63119-6724

Application For Membership

First Year Membership Dues are \$5.00 (\$15.00/yearly thereafter)

Surviving Spouse		\$5.00 per person
Name (Last)	First & Middle Initial	City Ward No
Home Address	City, State & Zip Code	
Date Retired		
Department		
Title		
Years of Service		
Birth Date		
	**** Contact Information ****	
Home Phone Number		
Cell Phone Number		
E-Mail Address		
Signature		