

LIFE MEMBER INFORMATION

Request for Life Member Package

Name: _____

Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Effective Retirement Date: _____

Birth Month: _____ Day: _____ Home Telephone #: _____

Email Address: _____

Send information to:

Verizon Pioneers

Alexander Graham Bell Chapter No. 15

2055 L Street, NW, 4th Floor

Washington, DC 20036

You can also fax it to: 202-872-1705

Or email it to: info@verizonagb15pioneers.org

Office Number: 202-392-6252

Person Requesting Package: _____ Phone #: _____

Mail to: _____
