

ARSEA/APEAL EMPLOYEE MEMBERSHIP APPLICATION

Name

Address

City

State

Zip

Home | Work

Cell Phone

Email Address

Birthday(optional)

Agency | Workplace

Est. Retirement Date

SSN (optional)

Beneficiary of AD&D

Annual Membership \$60

Please enclose a check and mail it along with this application to:

ARSEA/APEAL
450 South Union Street
Montgomery, AL 36104

To pay via credit card, visit our website at www.arsea.org.

* Every Membership includes an accidental death and dismemberment (AD&D) insurance benefit. In the event of an accidental death, the \$4,000 insurance benefit goes to the surviving person(s) of successive preference (beneficiaries) unless otherwise designated in writing.

By providing my cell phone information, I authorize ARSEA/APEAL to contact me concerning important issues.