

ACRE
P. O. Box 17932
Memphis, TN 38187
901-525-2615

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Hphone _____ Cell: _____

Email: _____

Dept Retired from: _____ Year: _____

(Check one) New Applicant _____ Renewal: _____

Spouse's name: _____

Dues: \$25 Retiree \$15 for surviving spouse of retiree
Extra amount of Legal Fund \$ _____

Thank you for supporting A.C.R.E.