

BCARE

*Bakersfield City Association
Of Retired Employees*
P. O. Box 13335
Bakersfield, California 93389
(661) 809-9873
www.bakersfieldcare.org

RETIREE MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Home _____ Cell _____

EMAIL _____
(E-MAIL ADDRESS ESSENTIAL)

I hereby apply for membership to the Bakersfield City Association of Retired Employees (BCARE). Dues are payable on a yearly basis and will be due June 1 of each year that I continue my membership or until I terminate my membership.

I agree to pay \$25 for the first year's dues, with subsequent year's dues being \$12.

Make check payable to **BCARE**.

Date	Dues	Donation	Check #	Total Paid