



COPRA MEMBERSHIP APPLICATION

Name of Retiree (Please Print)

Name of Spouse

Address

City

State

ZIP Code

Telephone Number
(Identify whether home or cell)

Retirement Date

Department Retired From

Job Title

The Chronicle will be distributed to new members exclusively by email.

Email Address (Please Print)

MEMBERSHIP DUES:

\$12 for one year, \$50 for 5 years, or \$100 for a lifetime membership

SEND CHECK MADE PAYABLE TO COPRA

COPRA
P. O. Box 2464
Litchfield Park, AZ 85340

PAY VIA PAYPAL

Logon on to your account, choose send payment, enter our email address,
phoenixcopra@gmail.com
enter the dollar amount, enter your name and email address in notes, and send.