

**CITY OF PHOENIX RETIREES ASSOCIATION (COPRA)
COPRA MEMBERSHIP APPLICATION**

**CITY OF PHOENIX RETIREES ASSOCIATION
COPRA Chronicle Email Request**

Name of Retiree (Please Print)

Name of Spouse

Mailing Address

Telephone Number

City

State

ZIP Code

Retirement Date

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

Email Address (Please Print)

MEMBERSHIP DUES: \$12.00 ANNUALLY
DUES SPECIAL: \$50.00 FOR 5 YEARS (\$10 PER YEAR)

Pay via Check or PayPal

SEND CHECK PAYABLE TO "COPRA" TO:

COPRA
c/o Louis Matamoros/Treasurer
P. O. Box 2464
Litchfield Park, AZ 85340

