



RETIRED MEMBERS CLUB
of NEW YORK LIFE

Membership Application

New Member

Renewal

Name: _____

Spouse/Significant Other: _____

Home Address: _____

Primary Phone: _____ (Phone Type)
(Home, Business, Mobile, Other)

Secondary Phone: _____ (Optional)
(Home, Business, Mobile, Other)

Email Address: _____
Preferred Contact Method: Email Postal Mail

Title at Retirement: _____

Office/Department at Retirement: _____

If you would like these special dates announced in our RMC Newsletters, please complete the following:

Your Birthday: _____ Spouse/Significant Other's Birthday: _____

Wedding Anniversary: _____ NYLIC Retirement Date: _____

Please Make Check for \$50 Payable to RMC

Mail to the RMC Secretary/Treasurer:

Bruce Schobel
192 Stanton Estates Circle
Winter Garden, FL 34787-2666