

FURA (Fresno Unified Retirees Association)

Membership Application

Name: _____
(First) (Last)

Address _____
(Street) (City) (State) (Zip Code)

Phone: _(____)_____ Email: _____

Signed: _____ Date: _____

Mail to: FURA c/o Walter Franzell, PO Box 2386, Clovis, CA 93613