



RASC OE

**NATIONAL ASSOCIATION OF ASCS/FSA
RETIRED COUNTY EMPLOYEES**

Application for Membership

State from which you retired: _____

Name: _____

PO Box or Street Address: _____

City/State/Zip: _____

Enclosed:

State Due of \$ _____

National Dues of \$ _____

Total Enclosed \$ _____

Mail to RASC OE Secretary-Treasurer:

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Cell: 605-350-5104

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