**AFWA RETIRED STATUS QUALIFICATION FORM**

|  |  |
| --- | --- |
| NAME: | CHAPTER: |
| PHONE: | EMAIL: |
| DATE OF BIRTH: | AFWA JOIN DATE: |

**In order to qualify for retired status you must check all boxes in at least one of the standards below as per Bylaws Amendment 1, Article II, and Section D.**

**Please check below which applies to you.**

**Standard 1: \_\_\_**

* Are you age 65 or older
* Are you a regular or associate member for shorter of five consecutive years or life of the chapter

Or

**Standard 2: \_\_\_**

* Are you retired from all gainful employment due to disability

Or

**Standard 3: \_\_\_**

* Are you age 55 or older
* Are you retired from all gainful employment
* Are you a regular or associate member for shorter of the ten consecutive years or the life of the chapter

***Please e-mail to*** ***afwa@afwa.org*** ***or fax to 859-219-3532,***

***and a staff member will contact you to verify you eligibility.***