Colorado Education Association
1500 Grant Street
Denver, CO 80203

To Whom It May Concern:

I am writing this letter to request my $39 Every Member Option refund for the 2012-2013 school year. Please kindly send the payment to the address listed below.

Name: _____

Address: _____

City / State / ZIP: _____

Local Association: _____

Last 4 Digits of Social Security Number: _____

_____ _____
Signature Date