

Please send a check made out to WSSRA in the amount of \$84. You will receive a reminder annually.



MEMBERSHIP FORM
WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION
PO BOX 5127, LACEY, WA 98509

| |
|-----------------------------------|
| <input type="checkbox"/> Employed |
| <input type="checkbox"/> Retired |

Please print

Name _____ **Phone** (____) _____
(LAST) (FIRST) (MIDDLE)

Mailing Address _____ CITY _____ ZIP _____ +4

SS Number _____ - _____ **Home Email Address** _____

REQUIRED FOR DUES DEDUCTION

Retirement Plan (CIRCLE) TRS1 TRS2 TRS3 PERS1 PERS2 PERS3 SERS2 SERS3

Unit # _____ Name of WSSRA Unit _____ School district last employed _____

CASH DUES: \$84 per year

Date _____ **Signature** _____

Please mail to WSSRA at the above address with your check of \$84.00