



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 _____

I authorize School Dist. # _____ (district name) _____ and upon my retirement, the Washington State Department of Retirement Systems to deduct the following dues and any future increases as voted by the membership from my monthly paycheck, or WSDRS benefit check, and to pay such deduction to Washington State School Retirees Association. Dues are not tax deductible.

DUES DEDUCTION: \$7 per month

CASH DUES: \$84 per year

Date _____ **Signature** _____

Return to WSSRA