



MEMBERSHIP FORM
WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION
 4726 PACIFIC AVE SE, LACEY WA 98503-1216

| |
|-----------------------------------|
| <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**

Name of WSSRA Unit _____ Leg Dist. _____ Cong Dist. _____

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 _____

White Copy – Return to WSSRA

Yellow Copy – School District or Member if retiree