

DUES DEDUCTION AUTHORIZATION FORM
WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION

4726 Pacific Ave. S.E., Lacey, WA 98503-1216

Please print or type

Name: _____ Local Unit No. 23
(last) (first) (initial)

Address: _____
(street) (city) (state) (zip + four)

Retirement plan (circle one): TRS-1 TRS-2 TRS-3 PERS-1 PERS-2 PERS-3 (phone) _____

Month/Year of Retirement: _____ S.S. Number _____

Name of Local Unit Sno King Leg. Dist. _____ Cong. Dist. _____

I authorize the Washington State Department of Retirement Systems to deduct the following dues and any future increases as voted by the membership from my monthly allowance and to pay such deduction to the Washington State School Retirees' Association.

*Should I wish to cancel ensuing deductions I will send a **written notification of cancellation** to the Washington State Department of Retirement Systems and WSSRA.*

DUES: STATE: \$4 LOCAL: \$1 TOTAL: \$5 per month

Signature: _____ Date: _____
(Send form to Sno-King School Retirees, P.O. Box 33962, Seattle, WA, 98133-0962)

AUTOMATIC PAYROLL AUTHORIZATION FORM
WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION

4726 Pacific Ave. S.E., Lacey, WA 98503-1216

Please print or type

Name: _____ Local Unit No. 23
(last) (first) (initial)

Address: _____
(street) (city) (state) (zip + four)

Retirement plan (circle one): TRS-1 TRS-2 TRS-3 PERS-1 PERS-2 PERS-3 SERS-1 SERS-2 SERS-3
(phone) _____ S.S. Number _____

Name of Local Unit Sno King Leg. Dist. _____ Cong. Dist. _____

I authorize School 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 the Washington State School Retirees' Association.

DUES: STATE: \$4 LOCAL: \$1 TOTAL: \$5 per month

Signature: _____ Date: _____