



# Retired Public Employees Council of Washington

## Membership Application

Social Security Number (last 4 digits): \_\_\_\_\_  
 (required for Automatic Pension Deduction)

Name: \_\_\_\_\_  
 Last First M.I.

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 (MM/YYYY) (MM/YYYY)

Agency Retired From: \_\_\_\_\_

Select membership option:

Retiree or Surviving Spouse Only - \$7.00 /mo.  Retiree & Spouse - \$14.00 /mo.

Spouse Name \_\_\_\_\_  
 (Required if selecting Retiree & Spouse option)

**(Office Use Only)**  
 Member ID# \_\_\_\_\_  
 Chapter # \_\_\_\_\_  
 Status: D  C  CC

**Other Information**  
 Female  Male   
 County: \_\_\_\_\_  
 Legislative Dist: \_\_\_\_\_  
 Congressional Dist: \_\_\_\_\_  
**Retirement System:**  
 PERS 1  2  3   
 TRS 1  2  3   
 SERS 2  3   
 Other: \_\_\_\_\_

Payment Option 1

**Authorization for Department of Retirement Systems (DRS) Automatic Monthly Pension Deduction**  
 I authorize DRS to regularly deduct a sufficient amount from my retirement allowance to pay the amount required for my union/organization dues at my request, under this program. Deductions will continue until the deduction plan is canceled through the union/organization office. I understand that DRS cannot answer questions about my union or organization. RPEC is 501c5 organization. Dues are not tax deductible.  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Option 2

**Cash/Check** - Enclosed is one year's membership dues (\$84.00/year).  
 **Credit Card** - I authorize the charge of one year's dues (\$84.00/year).  
 Billing Address (if different): \_\_\_\_\_  
 Type Of Card:  Visa Expiration Date: \_\_\_\_\_  
 Card No.: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Recruited By: \_\_\_\_\_