



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 or school district where last employed \_\_\_\_\_ 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 \_\_\_\_\_