***UNIT 25 SAREA***

DUES DEDUCTON AUTHORIZATION FORM

**WASHINGTON STATE SCHOOL RETIREES’ ASSOCIATION**

4726 PACIFIC AVE SE, LACEY WA 98503-1216

*Please print*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Phone (509) - .

 (LAST) (FIRST) (MIDDLE)

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_

CITY ST ZIP +4

SS Number \_\_\_\_\_\_\_\_-\_\_\_\_\_\_- \_\_\_\_\_\_\_\_ Home/Personal Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Retirement Plan (CIRCLE) TRS1 TRS2 TRS3 PERS1 PERS2 SERS2 SERS3**

Name of WSSRA Unit \_***SPOKANE AREA RETIRED EDUCATORS ASSOCIATION***\_Unit# 25 \_ Leg Dist. \_\_ \_\_ \_\_\_ Cong Dist. \_\_\_ \_\_\_\_

I authorize School District # School District’s 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: State $5 + Local $2 = Total of $7 per month**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make 3 copies of this form: 2 to mail as below (one for Unit #25 and one for WSSRA), and one copy Retained by member.

**MAIL TWO COPIES TO: Cookie Billups**, P.O. Box 440, Deer Park, WA 99006