



APPLICATION FOR MEMBERSHIP
RETIRED PUBLIC EMPLOYEES COUNCIL
OF WASHINGTON

Social Security Number _____ Chapter No. _____ Status _____
(Office Use) (Office Use)

Name (Print) _____
(Last) (First) (M.I.)

Home Address _____
(Street) (City) (State) (Zip Code)

Mailing Address _____
(if different) (Street or P.O. Box) (City) (State) (Zip Code)

Home Phone (_____) _____ County _____
Area Code

E-Mail _____ Legislative Dist. _____

Birthdate _____ Male Retirement Date _____ (Optional)
 Female (Mo./Year)

Agency Retired From _____

Spouse's Name _____ Social Security No. _____

----- Please Fold, Tape, and Return Entire Card -----

For automatic dues deduction, check one box and sign authorization.

- Retiree & Spouse - \$10.00 Per month
- Retiree Only - \$5.00 Per month
- Surviving Spouse - \$5.00 Per month

Questions? Please Call
1-800-562-6097

AUTHORIZATION FOR DEDUCTION

I the undersigned request and authorize the Washington Department of Retirement Systems (DRS) in accordance with RCW 41.40.052(2)(a), to deduct from my monthly retirement benefit the amount listed above or an amount that has been certified as the appropriate monthly dues of the Retired Public Employees Council of Washington (RPEC). I further authorize DRS to provide RPRC with updated address information when necessary.

Signed _____ Date _____

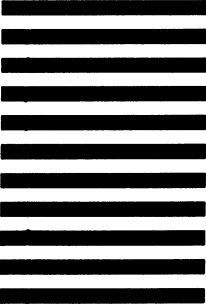


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 519 OLYMPIA WA

POSTAGE WILL BE PAID BY ADDRESSEE

RETIRED PUBLIC EMPLOYEES COUNCIL
1212 JEFFERSON ST SE STE 102
OLYMPIA WA 98501-9927



Notice: In order to comply with Internal Revenue Service rulings, we are required to advise you that your membership dues are not deductible for federal income tax purposes.