



# Retired Public Employees Council of Washington

## Membership Application

Social Security Number: \_\_\_\_\_  
 (required for automatic 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: \_\_\_\_\_

**(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 1 2 3  
 Other: \_\_\_\_\_

### Authorization For Department of Retirement Systems (DRS) Automatic Pension Deduction

Select an amount for monthly automatic dues deduction.

Retiree Only - \$5.00 Per Month

Retiree & Spouse - \$10.00 Per Month

Surviving Spouse - \$5.00 Per Month

Spouse Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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 RPEC with updated address information when necessary.

By checking this box and typing your name below, you agree to these terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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