



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 - \$7.00 Per Month
- Retiree & Spouse - \$14.00 Per Month
- Surviving Spouse - \$7.00 Per Month

Spouse Name _____ Social Security # _____

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. Not tax deductible.

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

Signed: _____ Date: _____

Recruited By: _____

Please Return Completed Form to: RPEC | 906 Columbia Street SW, Suite 501 | Olympia, Washington 98501
 360-352-8262 | 800-562-6097 | Fax 360-352-0354 | www.rpecwa.org | facebook.com/rpecwa