Please Print

RETIRED STATE EMPLOYEES ASSOCIATION

APPLICATION FOR MEMBERSHIP
RETIRED EMPLOYEE, SPOUSE
OR SURVIVOR

NAME _____
First Middle Last

ADDRESS _____
Street Address or P.O. Box# Apt. #

CITY _____ STATE _____ ZIP _____

PHONE ( ) _____ SOC. SEC # _____

Mark ALL Boxes that apply:

☐ New Member ☐ Renewal (Annual Payees only) ☐ Address Change

☐ My check for $_____ is enclosed for January through December _____. (Annual dues are $9.00 per year)
YEAR(S)

☐ I hereby authorize the State Employees Retirement System of Illinois (SERS) to deduct from my pension check the amount as certified by the RSEA of Ilinois, for my dues, and to remit said amount to the RSEA of Illinois. I also authorize SERS to provide change of address information to RSEA, if requested. (Currently the deduction is 75 cents per month)

Signature _____ Date _____

Mail to: Retired State Employees Association P.O. Box 1974 Springfield, IL. 62705-1974