

RETIRED STATE EMPLOYEES ASSOCIATION MEMBERSHIP APPLICATION

I am a...

☐ Retiree

☐ Surviving Spouse

☐ Current Employee*

**Current employees must obtain
and submit a payroll deduction
card to your payroll department*

NAME

First

Mid. Initial

Last

ADDRESS

Street Address or PO Box

Apt# if applicable

City

State

Zip Code

PHONE ()

E-MAIL

PAYMENT METHOD:

Mail completed form to P.O. Box 1974, Springfield, IL 62705

☐ 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 Illinois, 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 \$1.50 per month).

OR: ☐ My Check for \$_____ is enclosed for January through December _____ (\$18/year)

Signature _____

SS# (last 4): XXX-XX-

Date: _____