

~ARSCE~

Application for Membership: The Association of Retired Seattle City Employees

New Member Beneficiary
Address Change Dues Payment Donation

Name _____ Tel. No. _____

Address _____

City _____ State _____ Zip _____

Date Retired _____ From Dept. _____ Amt. Encl. _____

If still employed with the City, indicate the number of years: _____

Email Address _____

(Your email is for official ARSCE business only. We will never share it with anyone else.)

Annual Dues: \$15.00 (July 1 - June 30)

Your dues will be deducted from the check you receive in July. Please fill out the following section for the Retirement Office; include it with the rest of this completed application and mail it to ARSCE.

The Association of Retired Seattle City Employees Dues Deduction Authorization

To: The Board of Administration, City of Seattle Employees' Retirement System:

The undersigned hereby authorizes the City of Seattle Employees' Retirement System to deduct from my retirement, beneficiary and/or disability allowance, such dues as are duly established from time to time by The Association of Retired Seattle City Employees. Until further written notice by me to The Retirement System Office, such deduction shall be made annually from my July allowance and shall be paid to The Association of Retired Seattle City Employees, P.O. Box 75385, Seattle, WA 98175-0385.

Name (Please Print) Department

_____/_____/_____
Signature Date

Address

_____/_____/_____
City State Zip Code

Mail to: Association of Retired Seattle City Employees
P.O. Box 75385, Seattle, WA 98175-0385 Attn: Financial Secretary