

**SACRAMENTO COUNTY RETIRED EMPLOYEES' ASSOCIATION
MEMBERSHIP APPLICATION
P.O. BOX 573
FAIR OAKS, CA 95628**

Please print or type. When complete, mail to SCREA at the address above.

Retiree Name: _____ () Male () Female

Department Retired From: _____ Retirement Date: _____

Mailing Address: Street _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____
(Include area code)

Spouse: _____ Applying for Associate Membership* () Yes () No
(Name)

Domestic Partner: _____ Applying for Associate Membership* () Yes () No
(Name)

Surviving Spouse: _____ Applying for Associate Membership* () Yes () No
(Name)

* Associate Membership is open to the spouse, domestic partner, or surviving spouse of any person eligible for Regular Membership.

PAYMENT

PAYROLL DEDUCTION: (Signature required below)

I authorize the Sacramento County Employees' Retirement System (SCERS) to deduct the amount of dues officially established by the Board of Directors of the Sacramento County Retired Employees' Association (SCREA) for the following:

Regular Membership	() Yes	() No
Associate Membership	() Yes	() No

I understand the payment will continue until it is specifically revoked or changed by me and that the amount of dues may be changed by the SCREA Board of Directors in accordance with the bylaws. I further authorize SCERS to release my name and address to SCREA while I am a dues paying member. This information will remain confidential.

Signature: _____

Date: _____

Amount: _____

Start Date: _____

**Do Not Write In This Area –
For SCREA Staff Only**