

# WSSRA Membership Enrollment



WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION  
PO Box 5127, LACEY, WA 98509      WSSRA.org  
Questions: michele@wssra.org or 360-413-5496

Name:

Phone:

Email:

Mailing Address:

City, State, Zip:

SS Number:

WA Retirement Plan (*circle*):

TRS-1   TRS-2   TRS-3   PERS-1   PERS-2   PERS-3   SERS-2   SERS-3

Local WSSRA Unit (*if known*) or School District Last Employed:

Membership Type (*choose one*):

\_\_\_\_\_ PENSION DEDUCTION<sup>1</sup>: \$7 per month

\_\_\_\_\_ PAYROLL DEDUCTION<sup>1</sup>: \$7 per month

\_\_\_\_\_ ANNUAL CASH DUES: \$84 per year

**<sup>1</sup>FOR AUTOMATIC DUES DEDUCTION:** I authorize my School District (district name) \_\_\_\_\_ and upon my retirement, the Washington State Department of Retirement Systems to deduct dues and any future increases as voted by the membership from my monthly paycheck, or retirement benefit check, and to pay them monthly to WSSRA. Deductions will continue until WSSRA receives written notice of cancellation. Dues are not tax deductible.

Signature:

Date: