

DUES DEDUCTON AUTHORIZATION FORM  
**WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION**

4726 PACIFIC AVE SE, LACEY WA 98503-1216

Please print

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Mailing Address \_\_\_\_\_  
CITY ZIP +4

SS Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home/Personal Email Address \_\_\_\_\_

Retirement Plan (CIRCLE) TRS1 TRS2 TRS3 PERS1 PERS2 SERS2 SERS3

Name of WSSRA Unit Walla Walla Columbia #31 Leg Dist. \_\_\_\_\_ Cong Dist. \_\_\_\_\_

I authorize the Washington State Department of Retirement Systems to deduct the following dues and any future increases as voted by the membership, from my monthly retirement allowance and to pay such deduction to the Washington State School Retirees' Association.

Should I wish to cancel ensuing deductions I will send a written notification of cancellation to Washington State Department of Retirement Systems and WSSRA.

**DUES: State \$5 + Local \$2 = Total of \$7 per month**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
White Copy - WSSRA Yellow Copy - Retained by member