



RETIRED EMPLOYEES OF FRESNO COUNTY MEMBERSHIP APPLICATION

Where Retired Employees Come First
Visit us at - www.refco1.org.

DUES ARE \$1 PER MONTH BY PAYROLL DEDUCTION FROM YOUR RETIREMENT CHECK

FIRST NAME _____ LAST NAME _____

RETIREMENT DATE (MO/YR) ___/___/___ DEPARTMENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

NAME OF REFCO MEMBER WHO REFERRED YOU (IF APPLICABLE) _____

Please mail the completed Membership Application to:

REFCO, PO BOX 26384, FRESNO CA 93729-6384

I understand this application will be submitted to Fresno County Employees Retirement Association (FCERA) for processing.

I hereby authorize the following:

- The Fresno County Employees Retirement Association (FCERA) to deduct from my retirement checks, the \$1 monthly dues of the Retired Employees of Fresno County (REFCO). I understand that the dues will continue to be deducted monthly until I revoke this authorization. I may revoke this authorization by submitting a notice in writing to REFCO.
- FCERA to pay monthly to REFCO, an amount equal to the deduction hereby authorized.
- FCERA to forward any address change information I make through them to REFCO. I may revoke this address change information authorization by submitting a notice in writing to FCERA. I understand that if I revoke this provision, REFCO may be unable to continue to deliver the Grapevine or otherwise communicate with me.
- Please accept my facsimile signature as an original.

SIGNATURE _____ DATE _____

Date Received by REFCO ___/___/___

Date Submitted to FCERA ___/___/___

02/2023