



RETIRED EMPLOYEES OF FRESNO COUNTY MEMBERSHIP APPLICATION

***IF YOU ARE JOINING AS AN ACTIVE EMPLOYEE,
PLEASE CHECK HERE: _____. YOU PAY NO DUES
UNTIL YOUR FIRST RETIREMENT CHECK.***

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

NAME _____ DEPT _____ RET'D (MO/YR) ____/____

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 in the pre-addressed envelope provided.

If you have misplaced the envelope, please mail it to:

REFCO, PO BOX 26384, FRESNO CA 93729-6384

I understand this application will be submitted to the Retirement Office as part of the membership application process.

I hereby authorize the following:

- The Fresno County Employees' Retirement Association (FCERA or Retirement Office) 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 on a monthly basis until I revoke this authorization. I may revoke this authorization by submitting a notice in writing to REFCO.
- The Retirement Office to pay monthly to REFCO, an amount equal to the deduction hereby authorized.
- The Retirement Office 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 the Retirement Office. 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 Forwarded to FCERA ____/____/____

8/12/17 REFCO RETIRED & ACTIVE MEM APPL WITHOUT SUPP BOOKLET.doc