



RETIRED EMPLOYEES OF FRESNO COUNTY

CANCELLATION OF MEMBERSHIP

Where Retired Employees Come First

Visit us at - www.refco1.org.

FIRST NAME _____ LAST NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CONTACT PHONE (____) _____

Please mail the completed Membership Cancellation Form to:

REFCO, PO BOX 26384, FRESNO CA 93729-6384

I understand this form will be submitted to Fresno County Employees Retirement Association (FCERA) to stop the REFCO dues deduction from my pension payment at the earliest date possible consistent with FCERA's pay cycle.

I understand that by revoking my membership I will no longer be entitled to REFCO Benefits, including, but not limited to, REFCO scholarships for my children or grandchildren, benefits offered by AMBA/Pacific Group, direct receipt of the Grapevine, and discounted luncheon prices.

I understand that I may rejoin REFCO at any time by submitting a completed REFCO Membership application available on the REFCO website at <http://www.refco1.org/>.

Please accept my facsimile signature as an original.

SIGNATURE _____ DATE _____

Date Received by REFCO ____/____/____

Date Submitted to FCERA ____/____/____

02/2025