



COUNCIL 82 RETIREE CHAPTER Membership Application & Dues Deduction Authorization

NAME _____

_____/_____/_____
DATE OF BIRTH

SOCIAL SECURITY NUMBER

SPOUSE'S NAME _____

_____/_____/_____
DATE OF BIRTH

SOCIAL SECURITY NUMBER

HOME ADDRESS _____

TELEPHONE NUMBER

CITY _____

STATE _____

ZIP _____

E-MAIL ADDRESS _____ Sign me up for e-mail alerts.

CELL NUMBER

Sign me up for text alerts.

RETIREMENT NUMBER (Required, Printed on Pension Check) _____

RETIREMENT DATE

Pursuant to Section 110-c of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Retirement Systems in the amount necessary to cover membership dues payable on my behalf to Council 82, AFSCME. Authorization is also given to make any changes the Union certifies to the Retirement System as necessary in the amount of such dues. I, the undersigned, do hereby authorize you to deduct from my monthly allowance the amount of \$7.50 for payment of dues or an amount as may be certified to you by the Union as my dues. I understand that Council 82, AFSCME, is my agent and all requests to begin, modify or revoke deductions must be submitted through the Union. This authorization shall remain in effect until revoked by me by written notice through the Union or until otherwise revoked pursuant to law.

DATE _____

SIGNATURE OF PENSIONER