

NYS Security & Law Enforcement Retiree Chapter 82, 63 Colvin Avenue, Albany, NY 12206

AFSCME, AFL-CIO Phone 518 368-8212

RETIREE CHAPTER 82 - SPOUSAL APPLICATION

14/46/2022

To Be Completed By the **Spouse/Significant Other** of the "Sponsor" Retiree Chapter 82 Member

City: State: Zip: Retroactive Dues UNDERSTANDING OF DUES AMOUNT FOR CURRENT YEAR / PERIOD I understand that I must make annual payments in the amount of \$123.00 (or the amount set by the Retiree Chapter 82 as dues) each year for my dues, to be a member in good standing of Retiree Chapter 82. At this time, I am submitting the current years dues prorated in the amount corresponding to the chart on the right. This amount will cover me for the balance of this year and I understand that I will be billed in November or December for subsequent years dues. If payments are not made, my membership will be terminated and I will lose all benefits. (* covers balance of current year and next year) & (** Social Security Numbers & Date of Birth are required for ID purposes) Signature of Applicant: Sponsor's Last Name (Last, First, MI): State: Zip: Retroactive Dues Amount due before 1st of: January 12 months x 10.25 = \$ February 11 months x 10.25 = \$ May 8 months x 10.25 = \$ January 12 months x 10.25 = \$ May 8 months x 10.25 = \$ June 7 months x 10.25 = \$ June 1 months x 10.	11/16/2023					
Listed Below (circle or Spouse Significant Other / Romantic Inte City: State: Zip: Retroactive Dues Amount due before 1st of: January 12 months x 10.25 = March 10 months x 10.25 = March 10 months x 10.25	Applicant's LAST NAME:	FIRST NAME:			MI:	
Current Address: City: State: Zip: Retroactive Dues UNDERSTANDING OF DUES AMOUNT FOR CURRENT YEAR / PERIOD I understand that I must make annual payments in the amount of \$123.00 (or the amount set by the Retiree Chapter 82 as dues) each year for my dues, to be a member in good standing of Retiree Chapter 82. At this time, I am submitting the current years dues prorated in the amount corresponding to the chart on the right. This amount will cover me for the balance of this year and I understand that I will be billed in November or December for subsequent years dues. If payments are not made, my membership will be terminated and I will lose all benefits. (* covers balance of current year and next year) & (** Social Security Numbers & Date of Birth are required for ID purposes) Signature of Applicant: Sponsor's Last Name (Last, First, MI): State: Zip: Retroactive Dues Amount due before 1st of: January 12 months x 10.25 = \$February 11 months x 10.25 = \$March 10 months x	**Social Security Number:	**Date of Birth:				
City: State: Zip: Retroactive Dues	Current Address:			Spouse		
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Sponsor's Last Name (Last, First, MI): **Social Security Number: **Date of Birth: Make Check Payable to: Check # Amount of Check Enclosed:	amount set by the Retiree Chapter 82 as member in good standing of Retiree Chapter tyears dues prorated in the amounight. This amount will cover me for the that I will be billed in November or Dece payments are not made, my membership benefits. (* covers balance of current)	s dues) each year tapter 82. At this ting apter 82. At this ting ant corresponding the balance of this year mber for subsequence will be terminated year and next year	for my dues, to be a me, I am submitting the o the chart on the ar and I understand ent years dues. If d and I will lose all to the content of the content o	February 12 March 10 April May 5 June July 6 August 5 September 2 October *November	0 months x 10.25 = 102.50 9 months x 10.25 = 92.25 8 months x 10.25 = 82.00 7 months x 10.25 = 71.75 6 months x 10.25 = 61.50 5 months x 10.25 = 51.25 4 months x 10.25 = 41.00 3 months x 10.25 = 30.75 2 months x 10.25 + 123 = 143.50	
Make Check Payable to: Check # Amount of Check Enclosed:	Signature of Applicant:			Date:		
	Sponsor's Last Name (Last, First, MI): **Social Security Number		<u> </u>	**Date of Birth:		
Retiree Chapter 82	•	Check #	Check #		Amount of Check Enclosed:	