

**DUES DEDUCTION AUTHORIZATION FORM**  
**WASHINGTON STATE SCHOOL RETIREES' ASSOCIATION**

4726 Pacific Ave. S.E., Lacey, WA 98503-1216

*Please Print or Type*

Name \_\_\_\_\_ Local Unit No. \_\_\_\_\_  
(LAST) (FIRST) (INITIAL)

Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP+FOUR)

Retirement Plan: (CIRCLE) TRS-1 • TRS-2 • TRS-3 • PERS -1 Phone \_\_\_\_\_  
SERS-2 • SERS-3

Month/Year of Retirement \_\_\_\_\_ S.S. Number \_\_\_\_\_

Name of Local Unit \_\_\_\_\_ Leg. Dist. \_\_\_\_\_ Cong. Dist. \_\_\_\_\_

I authorize the Washington State Department of Retirement Systems to deduct the following dues and any future increases as voted by the membership from my monthly retirement allowance and to pay such deduction to the Washington State School Retirees' Association.

Should I wish to cancel ensuing deductions I will send a **written notification of cancellation** to Washington State Department of Retirement Systems and WSSRA.

DUES: State \$4 Local \$1 Total \$5 per month

Date \_\_\_\_\_ Signature \_\_\_\_\_

White: Return to WSSRA

Canary: Unit Copy

Pink: Retained by Member