

## Membership Application (Please print)

Name \_\_\_\_\_ Retirement TRSI TRSII TRSIII PERSI SERS  
Address \_\_\_\_\_ Retirement date \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip+4 \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Social Security number \_\_\_\_\_ Circle: Leg. Dist 18 or 19

I authorize the WA state Dept. of Retirement Systems to deduct dues of \$5 per month and any future increases as voted by the membership. I understand this authorization makes me a continuing member of the WSSRA and LCSRA, Unit 12 and may be cancelled only with written authorization from me.

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

Please mail to: WSSRA, 4726 Pacific Ave SE, Lacy, WA 98503  
Or, Clint Hart, 605 Peardale LN, # 22, Longview, WA 98626