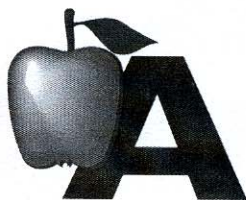


All Arizona School Retirees Association AASRA



Fill out this state and local membership form.
Please Print

Date _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

County _____ Phone # (____) _____

Email _____

Birth Year _____ 50-89 pay membership dues 90+ free membership

Please circle the information pertaining to you.

Joining: Local Unit _____ or Member-at-large (assigned a unit if one in your area)

Are You? Retired or Planning to retire in about 3 years

Position at retirement or now: Teacher Administrator Support Staff I support education & retirees
Other

Level at retirement or now: K-8 High School University/College District Other

Are You? NRTA Member AARP Member or Both

Annual dues \$30 (\$20 state and \$10 local)

Payment Option 1: Automatic Dues Deduction (Open only to ASRS Retirees)

I authorize the Arizona State Retirement System (ASRS) to DEDUCT my association dues as indicated below. I understand ASRS will forward such authorized deductions to the All Arizona School Retirees Association (AASRA) office. I understand the deductions will continue until I notify the All Arizona School Retirees Association (AASRA) office in writing to the contrary. Your dues deductions will appear on your record statement under DEDUCTIONS as: Dues.

Should I wish to cancel ensuing deductions, I agree to send written notification to the All Arizona School Retirees Association (AASRA) Office.

I authorize the Arizona State Retirement System (ASRS) to deduct my monthly pension check:

For Automatic Dues Deduction (ADD) ASRS requires your social security number.

My social security number is _____

Your signature _____ Date _____

Payment Option 2: Personal Check

___ I prefer to pay by check the \$30.00 yearly dues. Please make all checks payable to All Arizona School Retirees Association or AASRA.

Mail this form, along with your check if you selected Payment Option 2, to: All Arizona School Retirees Association, Collier Center, 201 E. Washington St., Suite 1795, Phoenix, AZ 85004. 602-262-5174

All future correspondence may be sent to AASRA at this address.

Thank you for your interest and support.

8/1/05

Membership Form

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Proud
to be
affiliated
with



A
Division
of

