



All Arizona School Retirees Association AASRA

Fill out this state and local membership form: **PLEASE PRINT neatly.** Date _____

Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Email _____ Phone _____

Birth Year _____ (50-89 Pay membership dues, 90+ free membership)

Position now or at retirement: Teacher Administrator Support Staff Other

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

Are You an AARP Member: Yes No

AASRA Annual dues \$40 or Friends of AASRA \$18 State Dues \$ _____

Payment Option 1: Automatic Dues Deduction (Only ASRS Retirees)

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

I authorize the Arizona State Retirement System (ASRS) to deduct the following amount from my monthly pension check (**please circle one**):

All County Automatic Dues Deduction (ADD) \$3.33. ASRS requires your social security number.

My Social Security Number is (*last 4 digits only*) _____ (Privacy Protected)

Signature _____ Date _____

Payment Option 2: Personal Check

_____ I prefer to pay by check the yearly dues. **Please make all checks payable to All Arizona School Retirees Association or AASRA. Total = State dues plus local dues.**

Mail this form and check, (if applicable) to: **All Arizona School Retirees Association or AASRA**, and send to **Katie Elgar, AASRA, 16202 N 36th Ave, Phoenix, AZ 85053-2960**

Thank you for your interest and support.

Recruited by _____

Proud
to be
affiliated with



A division of

