

**SACRAMENTO COUNTY RETIRED EMPLOYEES' ASSOCIATION
MEMBERSHIP APPLICATION
P.O. BOX 573
FAIR OAKS, CA 95628**

Please print or type. When complete, mail to SCREA at the address above.

Retiree Name: _____ () Male () Female

Department Retired From: _____ Retirement Date: _____

Mailing Address: Street _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____
(Include area code)

Spouse: _____ Applying for Associate Membership* () Yes () No
(Name)

Domestic Partner: _____ Applying for Associate Membership* () Yes () No
(Name)

Surviving Spouse: _____ Applying for Associate Membership* () Yes () No
(Name)

* Associate Membership is open to the spouse, domestic partner, or surviving spouse of any person eligible for Regular Membership.

PAYMENT

PAYROLL DEDUCTION: (Signature required below)

I authorize the Sacramento County Employees' Retirement System (SCERS) to deduct the amount of dues officially established by the Board of Directors of the Sacramento County Retired Employees Association (SCREA) for the following:

Regular Membership () Yes () No

Associate Membership () Yes () No

I understand the payment will continue until it is specifically revoked or changed by me and that the amount of dues may be changed by the SCREA Board of Directors in accordance with the bylaws. I further authorize SCERS to release my name and address to SCREA while I am a dues paying member. This information will remain confidential.

I have read and agree to the Privacy Policy and Terms & Conditions on the SCREA website: saccountyretirees.com () Yes () No

Important Note: Once this Application is processed by SCREA, in order to access the Members-Only section of the website, you must select Yes above indicating your review and acceptance of the website Privacy Policy and Terms of Conditions of use. If you choose No or leave this section blank, you may view the website, but not the Members-Only section.

I would like to receive my Quarterly News Brief by email rather than by US postal service.
() Yes () No

Signature: _____ Date: _____

For SCREA Staff Use Only:

Amount: \$

Start Date: