



CSPERA MEMBERSHIP APPLICATION

COLORADO SCHOOL AND PUBLIC EMPLOYEES RETIREMENT ASSOCIATION

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Facebook: www.facebook.com/cspera.colorado1

COUNT ME IN! I wish to support CSPERA programs and actions that protect me and improve conditions affecting retired school and public employees.

(Please Print)

Name _____

Address _____

Number / Street

City

State

Zip

Phone Number _____ E-mail address _____

County _____ Local (If known) _____

_____ I wish to participate in the Dues Deduction Program (DDP) for my state dues of \$36.00 annually and authorize PERA to deduct \$3.00 monthly and any future increases as voted by the Board of Directors from my annuity. I understand this makes me a continuing member of CSPERA and may be canceled only with written authorization from me.

Signature _____ Date _____

Signature only necessary when electing Dues Deduction

_____ I prefer to pay by check. Enclosed is my check for \$36.00 to cover the annual dues for CSPERA for this year.