

COLORADO SCHOOL AND PUBLIC EMPLOYEES RETIREMENT ASSOCIATION

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

Name _____

Address _____

Number

City

State

Zip

Phone Number _____ E-mail address _____

Unit Name (If known) _____

_____ I wish to participate in the Dues Deduction Program (DDP) for my state dues of \$24.00 annually and authorize PERA to deduct \$2.00 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 \$24.00 to cover the annual dues for CSPERA for this year. (Make check payable to CSPERA)

_____ I am still employed but wish to support this organization as an Associate member. My check for \$12.00 is enclosed. (Make check payable to CSPERA)

Please send to CSPERA, 15701 E. 1st Avenue, Suite 112, Aurora, CO 80011, 303.326.1808

Fiscal Year for dues is September 1 to August 31. Dues and contributions are not tax deductible.