



CSPERA MEMBERSHIP APPLICATION

COLORADO SCHOOL AND PUBLIC EMPLOYEES RETIREMENT ASSOCIATION

1085 Peoria St., Aurora, CO 80011

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Email: cspera@aps.k12.co.us Website: www.cspera.org

Facebook: www.facebook.com/cspera.colorado.1

COLORADO SCHOOL AND PUBLIC EMPLOYEES RETIREMENT ASSOCIATION

Your dues provide membership in the state organization and the local unit.

Name _____

Address _____
Number/Street City State Zip County _____

E-mail address _____ Phone Number _____ Local (if known) _____

_____ I wish to participate in the Dues Deduction program (DDP) for CSPERA state and local membership. Dues are \$48 annually (\$38 state and \$10 to local unit) and authorize PERA to deduct \$4.00 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 \$48.00 to cover the annual dues for CSPERA state and local membership. (Make check payable to CSPERA)

_____ I prefer to go onto the website www.cspera.org and pay through Pay Pal.

Please send to CSPERA, 1085 Peoria St., Aurora, CO 80011, 303.326.1808

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