

**Protect Ohio Pensions, Inc. ~ Membership Application**

Office phone 614-426-4333 \* Dues are not tax deductible \* [www.pop5.org](http://www.pop5.org)

POP5 ID #:   
 To be filled in by office staff

Retiree Life Time Membership Fee \$200.00  
Current Worker Life Time Membership Fee \$300.00

OR

A 12 Month Membership for \$20.00

Please check the appropriate box.

I receive, or will receive, my retirement from the following retirement system:

OPERS \*  STRS \*  SERS \*  OP&FPF \*  OHPRS

Retiree (Years of service credit) \_\_\_\_\_ |  Spouse of Retiree

Current employee (Years of service credit) \_\_\_\_\_  Spouse of Employee

Retirement Year \_\_\_\_\_ Birth Year \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note: Please insert special rate code for a \$100 discount on Life Time Membership Fee.**

I am enclosing:

\$\_\_\_\_.\_\_\_\_ for a Retiree Life Time membership

\$\_\_\_\_.\_\_\_\_ for a Current Worker Life Time membership

OR

\$20.00 for a 12 month Membership

Make check payable to POP 5. Mail check and this form to Protect Ohio Pensions, 132 Dorchester Square S Ste 101, Westerville, Ohio 43081

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Then fold this section back at the dashed line so the printed sides will face outward.

What is your preferred method of being contacted by Protect Ohio Pensions with updates or emergency notifications?

Check a box, or boxes. Please print email addresses and put a line through zeros [Ø] and capitalize the letter [L].

By email: (My email address is) \_\_\_\_\_

By texting: (My Cell phone number is) \_\_\_\_\_

By letter: (To my home address, or to my winter address as entered below)

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Between \_\_\_\_\_ & \_\_\_\_\_ Send mail to  
Month/ Day Month/day

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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