## Membership or Renewal Application RETIRED STATE EMPLOYEES ASSOCIATION

314 E. Highland Mall Blvd., Suite 507 Austin, TX 78752-3733 (512) 451-0087 www.rseaoftx.org



## For mail-in, please Print this Form

This is (Check One): A <b>New</b> Applicatic	on A Membership Renewal
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Note: For **Renewal**, please complete only the top section of this form then choose from the payment options listed at the bottom of the page.

PLEASE PRINT First Name				Last Name		
Address						
City, State & Zip						
Phone Number (						
Email Address						
ERS status (Please Active State Em Retired State En Spouse or Bene	ployee mployee ficiary of	deceas	ed stat			
If applicable, date re						
Agency retired from						
Today's Date	/	/		_ (m/d/y)		
Annual Dues \$24.00.						
Three Easy Ways to J Select Only One Optic			ew You	ır Membership		
1) Pay By Check -	- Print this	form, co	mplete	the application, atta	ach your \$24.00	

- check payable to RSEA and mail to RSEA at the above address.
- 2) Pay through ERS Deduction \$24 deducted from your ERS annuity once each year on your anniversary of joining RSEA. Print <u>both</u> this Application form and the ERS Dues Deduction form. Complete both forms and mail them to RSEA at the above address.
- 3) If You Prefer To Pay by Credit Card go back to the website, choose Membership, then select Fill Application on Website to pay via PayPal.