

Protect Ohio Pensions, Inc. ~ Membership Application

POPS ID #:

To be filled in by office staff

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 _____

Retiree Life Time Membership Fee \$200.00
Current Worker Life Time Membership Fee \$300.00
OR
A 12 Month Membership for \$20.00

Call for a special-discount rate code for Life Time Membership Fee.

Enter the special discount code here:

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

Office phone 614-426-4333 * Dues are not tax deductible * www.pop5.org

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)

Between _____ & _____ Send mail to

Month/Day

Month/day

Address: _____

City _____ State: _____ Zip: _____

First fold bottom section back at the dashed line.