

Retirement System: ☐ OPERS * ☐ STRS * ☐ SERS * ☐ OP&FPF * ☐ OHPRS☐ Retiree (Date of retirement) _____☐ Current employee (Years of service credit) _____ ☐ Spouse of Retiree or Employee

Name _____

Address: _____

City _____ State _____ Zip _____ Ohio County: _____

Phone: _____ Last 4 of SS # or Birth Year _____

Email: _____

I am applying for:

☐ Life Time Membership Fee \$200.00

Or

☐ Annual Dues \$20.00

Please make your check out to Protect Ohio Pensions, or POPI, and mail to:

Protect Ohio Pensions, Inc.
4349 Beehive Lane
Columbus, Ohio 43230-1514