



VERMONT STATE EMPLOYEES' ASSOCIATION-RETIREES' CHAPTER

MEMBERSHIP APPLICATION / MEMBERSHIP RENEWAL FORM

Please print clearly. Feel free to use a printed mailing label if you have one. If more than one household member is joining, please complete a separate form for each member. This information will not be shared, except with the Retirement Division. Please help us by keeping VSEA aware of your current mailing AND EMAIL addresses by emailing changes to [VSEARetirees@gmail.com](mailto:VSEARetirees@gmail.com). Thank you.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN/STATE/ZIP \_\_\_\_\_

EMAIL ADDRESS (IMPORTANT) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**CHAPTER MEMBERSHIP ENDS SEPTEMBER 30 OF EACH YEAR**

CHECK ONE: New Chapter Membership \_\_\_\_\_ Renewed Chapter Membership \_\_\_\_\_

PAY BY AUTOMATIC DEDUCTION: Fill out the information below. \$1.00 will be deducted each month.

PAY YOUR ANNUAL DUES BY CHECK: Make your check out to VSEA Retirees' Chapter for \$12.00.

**ELECTIVE AUTHORIZATION FOR AUTOMATIC DUES DEDUCTION**

I hereby authorize the RETIREMENT DIVISION of the Vermont State Treasurer's Office to deduct from my monthly pension payment the sum equal to one-twelfth of the then-current VSEA Retirees' Chapter Annual Dues, and to forward this payment to the VSEA Retirees' Chapter. This authorization will remain in effect until rescinded in writing.

This authorization shall take effect with the first retirement check issued following the receipt of this form by the State Treasurer's Office and monthly thereafter until revoked.

Last four digits of your Social Security Number XXX-XX-\_\_\_\_\_

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SIGNATURE AUTHORIZING DEDUCTION

DATE

**PLEASE RETURN THIS ENTIRE FORM FOR PROCESSING.**

SEND TO: VSEA Retirees' Chapter, 155 State Street, Montpelier, VT 05602

Contact VSEA if you have questions at (802) 223-5247