VSEA RETIREES' CHAPTER

MEMBERSHIP APPLICATION/MEMBERSHIP RENEWAL FORM

CHAPTER MEMBERSHIP ENDS SEPTEMBER 30 OF EACH YEAR

Please type or print clearly. Feel free to use a printed mailing label if you have one. If more than one member of a household 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 e-mailing changes: [VSEARetirees@gmail.com](mailto:VSEARetirees@gmail.com) Thank you.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

IF YOU ARE N O T SIGNING UP FOR AUTOMATIC PAYMENT, STOP HERE! SEND THIS ENTIRE FORM TO VSEA RETIREES’ CHAPTER WITH A CHECK FOR TWELVE ($12.00) DOLLARS. (Address is below.) Please do not cut the form in half as half-pages are easily lost.

***FOR AUTOMATIC DUES PAYMENT, COMPLETE AND SIGN BELOW****.*

**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 This authorization will remain in effect until rescinded in writing.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 \_\_\_\_\_\_\_\_\_\_\_\_\_

(Treasurer’s office requires this information. VSEA Chapter will not keep it.)

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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

Call VSEA if you have questions at 802-223-5247

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VSEA Staff Processed Chapter Treasurer Processed Chapter Clerk Processed