



RETIRED EMPLOYEES ASSOCIATION OF VENTURA COUNTY

APPLICATION FOR MEMBERSHIP AND AUTHORIZATION FOR DEDUCTION OF DUES

PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO.: _____ EMAIL: _____

COUNTY DEPARTMENT: _____ SPOUSE'S NAME: _____

RETIREMENT DATE: _____

I hereby authorize the Ventura County Employees' Retirement Association (VCERA) to deduct from my monthly retirement benefit, on behalf of the Retired Employees Association of Ventura County (REAVC), dues of two dollars (\$2.00) per month for my membership in REAVC. Deductions are to be paid monthly to that organization. Membership in REAVC is available to retirees and their surviving spouses who receive benefits.

SIGNATURE

DATE

SIGN AND MAIL YOUR COMPLETED MEMBERSHIP APPLICATION TODAY TO:

REAVC – MEMBERSHIP
P.O. BOX 7231
VENTURA, CA 93006-7231

Note: To help keep costs down, the REAVC newsletter will be emailed to you. If you don't have email, please check here. ☐ Should you later decide to discontinue your REAVC membership, please call REAVC at 805-644-7814 or email us at info@reavc.org

Please Allow 4 to 6 Weeks to Process Your Application

Retired Employees Association of Ventura County (REAVC)
P.O. Box 7231 • Ventura CA 93006-7231 • 805-655-7814 • www.reavc.org