

RETIRED EMPLOYEES ASSOCATION 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:
	(SEE NOTE BELOW REGARDING YOUR EMAIL ADDRESS)
MOST RECENT COUNTY DEPARTMENT	THAT YOU WORKED FOR PRIOR TO YOUR RETIREMENT:
SPOUSE'S NAME:	
DATE OF RETIREMENT:	
monthly retirement benefit, on dues of two dollars (\$2.00) per r	County Employees' Retirement Association (VCERA) to deduct from my behalf of the Retired Employees Association of Ventura County (REAVC), month for my membership in REAVC. Deductions are to be paid monthly to in REAVC is available to retirees and their surviving spouses who receive
SIGNATURE	 DATE
SIGN AND MAIL Y	OUR COMPLETED MEMBERSHIP APPLICATION TODAY TO:
	REAVC – MEMBERSHIP
	P.O. BOX 7231
	VENTURA, CA 93006
here. BE SURE TO PRINT YOUR	the REAVC newsletter will be emailed to you. If you don't have email, check email address out very carefully. If one character or space in your email etter will be undeliverable. If you have difficulty in receiving your newsletter at info@reavc.org

Please Allow 4 to 6 Weeks to Process Your Application.

Illegible Handwriting or Incomplete Information May Result in Processing Delays.