



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: _____

MOST RECENT COUNTY DEPARTMENT THAT YOU WORKED FOR PRIOR TO YOUR RETIREMENT: _____

SPOUSE'S NAME: _____

MEMBER'S 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**

Note: To help keep costs down, the REAVC newsletter will be emailed to you. If you don't have email, check here. **BE SURE TO PRINT YOUR EMAIL ADDRESS OUT VERY CAREFULLY. IF ONE CHARACTER OR SPACE IN YOUR EMAIL ADDRESS IS INCORRECT, YOUR NEWSLETTER WILL BE UNDELIVERABLE. IF YOU HAVE DIFFICULTY IN RECEIVING YOUR NEWSLETTER ELECTRONICALLY, PLEASE CONTACT US AT [INFO@REAVC.ORG](mailto:info@reavc.org)**

*Please Allow 4 to 6 Weeks to Process Your Application.
Illegible Handwriting or Incomplete Information May Result in Processing Delays.*

Retired Employees Association of Ventura County (REAVC)

P.O. Box 7231 • Ventura CA 93006-7231 • 805-644-7814 • Email: info@reavc.org • Website: <https://reavc.org>