



**NEW MEMBERSHIP APPLICATION**

|                                    |                              |                            |                |
|------------------------------------|------------------------------|----------------------------|----------------|
| <b>Quarterly Newsletters</b>       | <b>Association Discounts</b> | <b>Legislative Updates</b> | <b>Website</b> |
| <b>Governmental Representation</b> |                              | <b>Annual Conference</b>   |                |

Date \_\_\_\_\_

Yes! I want to join KPERS RETIREES ASSOCIATION! (Please let us know who or what convinced you to join)

\_\_\_\_\_

No, I don't want to join now, but I would be interested in receiving more information in the future about KPERS RETIREES ASSOCIATION membership.

Dr.  Mr.  Mrs.  Miss  Ms.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Department/Institution \_\_\_\_\_

Work Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**KPERS ACTIVITY HISTORY**

| Department (Please check one.)                  | Years Served | Year Retired | Year Last COLA |
|---|--------------|--------------|----------------|
| <input type="checkbox"/> KPERS                  |              |              |                |
| <input type="checkbox"/> KP & F                 |              |              |                |
| <input type="checkbox"/> Teacher                |              |              |                |
| <input type="checkbox"/> Judge                  |              |              |                |
| <input type="checkbox"/> Other (Please Specify) |              |              |                |

|  |          |
|--|----------|
| KPERS RETIREES ASSOCIATION DUES: (Please check one.)   |          |
| <input type="checkbox"/> KPERS RETIREE DUES            | \$24.00  |
| <input type="checkbox"/> KPERS ACTIVE CONTRIBUTOR DUES | \$48.00  |
| TOTAL DUE  | \$ _____ |

|   |
|---|
| <p><b>KPERS RETIREES ASSOCIATION</b><br/>         1200 S.W. 10th Avenue<br/>         Topeka, KS 66604<br/>         Phone: 785-234-2818<br/>         Fax: 785-234-2433</p> |
|---|

Do you know someone who could benefit from being a member of the KPERS Retirees Association? Please provide the information requested below or pass along a copy of this application to other retirees.

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_