

# APPLICATION FOR RETIREE MEMBERSHIP FOR AFSCME RETIREE CHAPTER 1184

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Last four digits of your Social Security number (required): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Retired (or will retire): \_\_\_\_\_

Agency retired (or will retire) from: \_\_\_\_\_

- I am interested in attending a quarterly lunch meeting with other recent retirees.
- Please have someone contact me so I can learn more about the activities of Chapter 1184. I prefer to be contacted by:
- Email
  - Telephone
  - Letter
- The first year dues are paid by OCSEA until December 31<sup>st</sup> of your retirement year. To continue as an Ohio/AFSCME Retiree Chapter 1184 member I have filled out the attached PERS Authorization for Deduction. (\$2 per month)

## **OCSEA Retiree Organizing Committee:**

Ron Alexander: (614) 205-6661

Jean Fightmaster: (614) 868-8396

Mary Anderson: (614) 794-3060

Reita Smith: (614) 451-7274

Dave Bailey (740)397-3708

Tresa Ide (740-501-2585

Frances Henderson (614) 260-6473

Mail to:

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Revised 4-2012