

**RETIRED EMPLOYEES ASSOCIATION
OF THE CONSOLIDATED CITY OF JACKSONVILLE
4830 WALLER STREET
JACKSONVILLE, FLORIDA 32254
OFFICE PHONE: 904-353-2400**

MEMBERSHIP APPLICATION

RETIREE MEMBERSHIP: _____ or EMPLOYEE/ASSOCIATE MEMBERSHIP: _____

CHOOSE ONE:

ANNUAL PAY MEMBERSHIP: _____ or AUTHORIZATION FOR PAYROLL DEDUCTION: _____

TO: PENSION/PAYROLL CITY OF JACKSONVILLE/JEA

I hereby request you deduct \$1.00 bi-weekly from my pension/payroll check to be paid to the "TREASURER OF THE RETIRED EMPLOYEES ASSOCIATION OF THE CONSOLIDATED CITY OF JACKSONVILLE" until further notice. This deduction may be terminated by my giving the Association thirty (30) days' notice in advance of cancellation date.

NAME: _____

LAST 4 OF SOCIAL SECURITY OR EMPLOYEE NUMBER: _____

MAILING ADDRESS: _____
(street/p.o. box/rural route)

(city and state) ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RETIRED FROM OR EMPLOYED WITH: _____
(Department Name)

SIGNATURE

DATE

ANNUAL DUES: \$26.00
Or pro-rated at \$2.17 per month

AMOUNT ENCLOSED: _____
S(Annual Only)