

**RETIRED EMPLOYEES ASSOCIATION  
OF THE CONSOLIDATED CITY OF JACKSONVILLE  
4830 WALLER STREET  
JACKSONVILLE, FLORIDA 32254  
OFFICE PHONE: 904-353-2400  
E-MAIL: klooney@reajax.com**

**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 check to be paid to the "TREASURER OF THE RETIRED 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: \_\_\_\_\_

SS# OR EMPLOYEE NUMBER: \_\_\_\_\_

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

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
(city and state)

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RETIRED FROM or EMPLOYED WITH \_\_\_\_\_  
(Department Name)

\_\_\_\_\_  
SIGNATURE DATE

ANNUAL DUES: \$26.00  
Now thru 2016

AMOUNT ENCLOSED: \_\_\_\_\_  
(Annual only)