

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

MEMBERSHIP APPLICATION

RETIREE MEMBERSHIP: _____ or EMPLOYEE/ASSOCIATE MEMBERSHIP: _____

CHOOSE ONE:

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

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:

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
Or pro-rated at \$2.17 per month

AMOUNT ENCLOSED: _____