

NEVADA RETIREES CHAPTER 4041

P.O. Box 662

Carson City, NV 89701 775 461-0849

AUTHORIZATION FOR $5.00 MONTHLY DUES DEDUCTION from PERS CHECK

Retiree: Date: Street: City: State: Zip: SSN# (last four digits): Retirement Date: E-Mail: Agency from which retired: Department:

Location: If surviving beneficiary of the retiree, check here

Signature: Telephone:

RECRUITED BY (optional):

Name: Address: Phone: