

APPLICATION FOR THE ASSOCIATION OF RETIRED SAN JOSE POLICE & FIREFIGHTER



Association of Retired San Jose



Police Officers & Firefighters
P.O. Box 28041 • San Jose, CA 95159



***THIS ASSOCIATION IS YOUR REPRESENTATIVE IN MAINTAINING
AND NEGOTIATING BENEFIT IMPROVEMENTS.***

Check here to apply to be an **Association Member** Check here to apply to be an **Associate Member**
ARTICLE III. Memberships

Section 2. Associate Membership

- a. Associate membership may be granted to any active member of the San Jose Police Department or the San Jose Fire Department.
- (1) Associate members may attend any meeting or function of this association and are subject to its Constitution and By-Laws
 - (2) Associate members may be permitted to be active and have input and discussion of issues
 - (3) Associate members become unlimited members, (full membership with no restrictions) automatically upon their retirement from their respective departments

Dept: Police Fire

Name:

SS#:

Address:

City:

State:

Zip:

Phone Number: ()

Email Address:

How many years with Police or Fire Department:

Date Retired:

Spouse's Name

Single:

How would you like to receive the newsletter: Hardcopy Mailed Emailed PDF

Dues are set by the Association of Retired San Jose Police Officers & Firefighters - Please fill out the form on the back for Payroll Deduction

REMEMBER:

**You are a Police Officer or Firefighter until you RETIRE,
BUT, YOU ARE A RETIREE FOR THE REST OF YOUR LIFE!!!**

Make Checks Payable To:

AORSJPO&FF

(Association of Retired San Jose Police Officers & Firefighters)

P.O. Box 28041

San Jose, CA 95159-8041

Please fill out the information on the back

**AUTOMATIC DEDUCTION ELECTION FORM: MEMBERSHIP DUES IN THE
ASSOCIATION OF RETIRED SAN JOSE POLICE OFFICERS & FIREFIGHTERS**

I, _____ hereby AUTHORIZE the Department of Retirement Services to deduct my monthly membership dues to the Association of Retired San Jose Police Officers & Firefighters ("Retiree Association") each month from my retirement allowance, in the amount that is approved from time to time by the Retiree Association, and to send the amount so deducted directly to the Retiree Association on my behalf. I understand that the current membership dues are \$15 per month, but I understand and agree that the membership dues may be increased or decreased later, in accordance with the Retiree Association's rules. I agree that if the Retiree Association's monthly membership dues change, that change will automatically apply to the monthly dues deduction from my monthly retirement allowance. The dues will be sent directly to the Retiree Association in my name.

I further AUTHORIZE the Department of Retirement Services to provide the Retiree Association with my mailing address currently on file with the Department of Retirement Services and to update the Retiree Association with any changes that might later be made to my mailing address on file with the Department of Retirement Services.

**I UNDERSTAND THAT I MAY CANCEL AND REVOKE THESE AUTHORIZATIONS
AT ANY TIME BY DELIVERING A WRITTEN NOTICE OF CANCELLATION AND
REVOCAION TO THE DEPARTMENT OF RETIREMENT SERVICES AT LEAST 20
DAYS BEFORE MY NEXT SCHEDULED RETIREMENT ALLOWANCE PAYMENT.**

SIGNED _____ DATED _____

ADDRESS: _____

CITY/STATE/ZIP _____

RETURN TO: ARSJPOFF
P.O. Box 28041
San Jose, CA 95159-8041

