



MARIN COUNTY ASSOCIATION OF RETIRED EMPLOYEES
APPLICATION FOR MEMBERSHIP

Date _____

To the Retirement Board, County of Marin: You are hereby authorized to deduct **monthly dues** from my MCERA retirement allowance for membership in MCARE, the Marin County Association of Retired Employees. You are also authorized to give MCARE any change of address.

----- If you are a surviving spouse read item #7 first *-----

----- (1) Print Full Name	----- (2) Signature XXX-XX-
----- (3) Org. and Dept. retired from	----- (4) Social Security Number – last four only
----- (5) Month and Year of Retirement	----- (6) Spouse's or Partner's Name – if applicable

***(7) If you are the surviving spouse of an eligible retiree please enter his/her name and information on lines (3), (5) and (7). Then please enter your name and information on all the other lines herein.**

----- (8) Mailing address	----- (9) City	
----- (10) State	----- (11) Zip Code	----- (12) Phone Number with Area Code
----- (13) Email address	----- (14) Referred by: MCARE Member (Opt.)	

I agree to receive the MCARE newsletters and other notices by email. Initial please _____

Thank you for joining us.

Mail to: **MCARE Membership Chair, P.O. Box 4203, San Rafael, CA 94913**

Reminder: Dues will be deducted from your monthly retirement check. Please keep MCERA (The Retirement Office) and MCARE informed of any change of address.

There is strength in numbers.

If you have membership questions please call Edith Simonson, MCARE Membership Chair, at (415) 897-7050 or email at esimonson1@verizon.net.