



Retired Firefighters of Washington

REFERRED BY _____

Michael Duchemin -- Cell: (360) 710-9375
637 NE Haugen Street, Poulsbo, WA 98370

PRESIDENT: Michael Duchemin
VICEPRESIDENT: Dave Neyens

RFFOW Membership Application

Name: _____

Spouse: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

Email Address: _____

How would you like to receive your newsletters? (Circle one): USPS Email Both

Retired From (City, Position, Date Retired): _____

Pension Plan (Circle one): LEOFF I LEOFF II PRIOR ACT

INITIATION FEE: An initiation fee of \$60.00 is due with membership application. Dues are payable the following January 1st for each year of membership. If you choose Option A (pension deduction) initiation fee is waived.

DUES PAYMENT: Dues will not be collected until January 1st each year.

Preferred payment method for annual dues (Circle one): Check Auto-Deduction

Please indicate your preferred method of payment from the list of payment options below:

- A. Pension deduction of \$60 per year (\$5 a month). \$57 goes to RFFOW, \$3 goes to the Legislative Fund
- B. Check/cash/money order in the amount of \$60 per year. \$57 goes to RFFOW, \$3 goes to the Legislative Fund.
- C. Check/cash/money order in the amount of \$57 per year, RFFOW membership only

. FOR OPTION A:

At my own risk, I authorize DRS to regularly deduct a sufficient amount from my retirement allowance to pay dues/voluntary payment deduction at my request under this program. I hold DRS harmless for any problems the payment causes to occur between the organization and me.

Initials: _____ Last 4 Digits of Social Security Number: _____

Deductions will continue until:

- (1) I write to the RFFOW and DRS, asking for my deductions to end;
- (2) The deduction plan is terminated.

Signature: _____ Date: _____

Once you have completed this form, please sign and mail it, along with a check for your initiation fee to RFFOW, 637 NE Haugen Street, Poulsbo WA 98370