



Please Print

California State University Emeritus and Retired Faculty Association Membership Application

_____		_____		_____		_____	
Last Name		First Name		MI		Soc Sec. Number	
_____		_____		_____		_____	
Home Address Number and Street		City		State Zip		E-mail address	
_____		_____		_____		_____	
Date Retired		CSU Campus		Department		Home Phone Number Including Area Code	

Please enroll me as a retired CSU-ERFA member. I hereby authorize deductions to be made from my retirement warrants by Public Employees' Retirement System for the payment of dues to the CSU Emeritus and Retired Faculty Association. I further agree that CSU-ERFA act as my agent in payroll deduction agreements between myself, CSU-ERFA, and the Public Employees' Retirement System. This authorization will continue in effect until I submit a timely written notice of cancellation to the CSU-ERFA office. (If you prefer to make direct annual payment of dues, multiply your monthly payment x 12 and send a check for the total amount to the CSU-ERFA office. Your Social Security number is not required if you choose annual payment.)

Monthly Retirement	Dues	Check One
Less than \$3,000	\$5 per month	<input type="checkbox"/>
\$3,001 to \$3,699	\$6 per month	<input type="checkbox"/>
\$3,601 to \$4,300	\$7 per month	<input type="checkbox"/>
\$4,301 to \$5,300	\$8 per month	<input type="checkbox"/>
\$5,301 to \$6,300	\$9 per month	<input type="checkbox"/>
\$6,301 and above	\$10 per month	<input type="checkbox"/>
Donor member	\$11 & up per month	amt \$ _____
Lifetime Donor Membership -- One time payment of \$1000.00 or more. amt \$ _____		

Please mail the completed and **signed** form to
CSU-Emeritus and Retired Faculty Association
The Retiree Center, 18111 Nordhoff Street
Northridge, CA 91330-8339

_____	_____
Signature	Date