



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#: XXX-XX- _____

Retirement Date: _____ E-Mail: _____

Agency from which retired: _____ Department: _____

Location: _____ If surviving beneficiary of the retiree, check here _____

Signature: _____ Telephone: _____

RECRUITED BY

Name: _____

Address: _____

Phone: _____