



ASEA RETIRED MEMBERSHIP APPLICATION



110 N. JACKSON ST., MONTGOMERY, AL 36104 * www.asea.org * 334.834.6965 * Fax 334.834.4904 * 1.800.252.7063

PLEASE WHICH METHOD OF PAYMENT YOU PREFER

I will pay LUMP SUM ANNUAL DUES
(Full year = \$132.00) (\$11 per month)
If you choose lump sum annual dues, your check must accompany a membership application.
Please make check payable to ASEA.

-OR-

I want my dues as a MONTHLY PAYROLL DEDUCTION
(Per month = \$11.00)
If you choose monthly payroll deduction, your dues will be deducted from your check issued by the Retirement Systems of Alabama.

Name _____ Soc. Sec. No. _____

Address _____ City _____ ZIP _____

Home Phone _____ Date of Birth _____ Recruiter _____

Email _____ Beneficiary** _____

** (Upon membership, you receive a \$5,000 Accidental Death & Dismemberment Policy at no additional cost.)

Please all which apply:

- I am already retired
- I will be retiring on _____
- Yes, I want a Last Will & Testament (at no additional cost)
- Yes, I want a Living Will (at no additional cost)
- Yes, I want a Power of Attorney (at no additional cost)

Retired Member Signature



ASEA RETIRED MEMBERSHIP AUTHORIZATION FOR PAYROLL DEDUCTION



Name _____ Soc. Sec. No. _____

I understand this is an annual membership application with total payments of \$132.00 per year. If you would not like to be a member of SEA-PAC, please deduct two dollars from the monthly rate.

FOR OFFICE USE ONLY

Payroll Code: _____

ASEA Retired Member: \$11.00

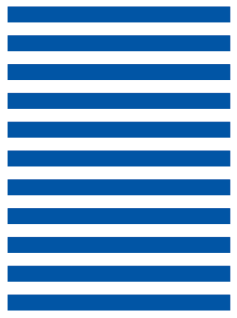
Effective Date: _____

Retired Member Signature: _____

ASEA Retired Members . . .
Keeping in touch
with state government



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 656 MONTGOMERY AL

POSTAGE WILL BE PAID BY ADDRESSEE

**ALABAMA STATE EMPLOYEES ASSN
110 N JACKSON ST
MONTGOMERY AL 36177-9728**

