



Please Print

California State University
Emeritus and Retired Faculty Association
Membership Application

Last Name First Name MI Soc Sec. Number
(or your CalPERS ID # and last 4 digits of your SSN)

Home Address City State Zip E-mail address
Number and Street

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.)

Table with 3 columns: Monthly Retirement, Dues, Check One. Rows include various monthly dues amounts from \$5 to \$11 and up, and a row for Lifetime Donor Membership with a one-time payment of \$1000.00 or more.

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