



Please Print

# California State University Emeritus and Retired Faculty Association Membership Application

Last Name (or your CalPERS ID # _____)	First Name	MI and last 4 digits of your SSN _____)	Soc Sec. Number
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Home Address Number and Street	City	State	Zip	E-mail address
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Date Retired	CSU Campus	Department	Home Phone Number Including Area Code
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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
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