

The Retirees Association *of District Council 37*

American Federation of State, County & Municipal Employees, AFL-CIO
Organized 1968



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Enrollment Form

Name _____

Social Security Number _____

Primary Street Address _____

City, State, Zip _____

Primary phone number with area code (Only one number please) (_____) _____

Method of Dues Payment: Select either A or B

- A.** For use by retirees with pensions from most pension systems. Check the box next to your pension system. Your signature will authorize a deduction of \$3.00 per month from pension for union dues. (Do not send a check.)

The New York City Employees Retirement System (NYCERS).
Pension number if you know it _____

OR

The Board of Education Retirement System (BERS).
Pension number if you know it _____

OR

The Cultural Institutional Retirement System (CIRS)

OR

The New York State Employees Retirement System (ERS).
Pension number if you know it _____

Signature (Required) _____

- B.** For use by retirees with pensions from the Met Museum and the Teachers Retirement System, or for retirees without pensions, or by spouses/domestic partners of DC 37 retirees. Enclose a check or a money order for \$36 payable to the Retirees Association of DC 37.

I receive a pension from the Teachers Retirement System (TRS) or the Metropolitan Museum of Art

I'm not eligible for a state or city pension

I'm a spouse/domestic partner of a DC 37 retiree. My spouse's social security number is _____ and his/her name is _____