

MEMBERSHIP APPLICATION

The Retired Public Employees of Nevada (RPEN) was formed in 1977 to meet the challenges public employees face upon retirement. The challenges then and now are health insurance and protecting the Nevada PERS fund. *Today RPEN continues its work to protect and support these issues for retirees and those still working. If you receive a monthly Public Employees' Retirement System (PERS) pension, you **do not** automatically belong to RPEN.*

RPEN works for retired and active public employees by:

- Being a strong voice for retired and active public employees at the Nevada Legislature.
- Supporting Nevada's Defined Benefit retirement system.
- Serving as an advocate at PERS and PEBP (health plan) board meetings and meetings of other legislative, state, and local government boards and committees.

RPEN has 17 chapters statewide. They meet on a regular basis with speakers who make presentations on topics of interest for public employees, retired and active. **Chapters:** Bi Valley (Yerington), Carson City, Churchill, Elko, Fernley, Henderson, Las Vegas, Lincoln, Mineral, Northern Tri-County (Battle Mountain, Lovelock, Winnemucca), Pahrump, Sparks, Summerlin, Tonopah, Two Rivers (Overton-Mesquite), Washoe (Reno) or White Pine.

Please take a moment and complete the RPEN membership application below. (Please print)

Name:	Complete Address:	
E-mail:	Phone Number:	Birth Date:
Last/Current Public Employer:	I am: <input type="checkbox"/> Retired or <input type="checkbox"/> Active (still working)	Retirement Date:
Spouse Name: (if applicable)	Birth Date:	

I/We wish to belong to this chapter (select from the Chapters above):

Please select one of three payment options:

PERS DEDUCTION MEMBER (Available for PERS retiree recipients only)

1. PERS Authorization: I hereby authorize the Public Employees' Retirement System (PERS) to deduct **\$7.00** per person per month for RPEN dues as I have designated below. I understand this will continue in the amount established by RPEN until I notify RPEN in writing to discontinue the deduction(s).

Number of Deductions: _____ My signature _____ Spouse's signature (if applicable) _____

- OR -

CASH MEMBER

2. I have enclosed a check for **\$84.00** per person for the first year of dues. I will receive an annual invoice determined by the month I joined RPEN.

- OR -

DEBIT CASH MEMBER

3. I am attaching/enclosing an unsigned voided check. I authorize my bank to honor drafts drawn by RPEN for membership dues as designated below. I hereby authorize RPEN to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing. I agree that RPEN shall be fully protected in honoring such debit. I will be notified of any changes to dues by RPEN.

- AND -

CHECK ONE BOX: **\$7.00** monthly per person or **\$84.00** annually per person

Complete this application, fold it over and tape it closed...we'll pay the postage!

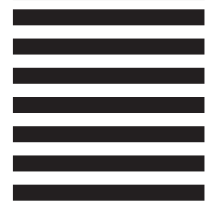
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MEMBERSHIP
DIVISION



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 336 CARSON CITY, NV

POSTAGE WILL BE PAID BY ADDRESSEE



RETIRED PUBLIC EMPLOYEES OF NEVADA
PO BOX 2211
CARSON CITY NV 89702-9922

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TAPE HERE
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