

Engineering Retirees Society Membership Application

(Check One) Individual Couple Spouse of deceased member or eligible member

Name _____ Designate Mr., Ms., etc _____
Last First MI

Spouse's Name _____

Address _____ Apartment # _____

City State Zip

Home Phone () _____ Home Email _____

Retirement Date _____

Dues \$15.00/year, with billing beginning the year (January through December) after the year in which a new member signs up for ERS membership.

Date _____ Signature _____

All personal information shall be kept private except as authorized by the Constitution, Bylaws and Policy Manual of the Society.

Please complete and return to: ERS c/o SPEEA 15205 52nd Ave S. Seattle, WA 98188