

RETIRED MEMBERSHIP APPLICATION

CALIFORNIA CORRECTIONAL SUPERVISORS ORGANIZATION, INC.

PRNT NAME:		_M
(As It Appears On PERS Warrant)		
HOME ADDRESS:		
CITY:STA	ГЕ:	ZIP CODE:
HOME PHONE:	CELL PHONE:	
EMAIL:		
FORMER EMPLOYER:		FORMER JOB TITLE:
DATE OF RETIREMENT:		BIRTHDATE:
PAYEE ACCOUNT ID NUMBER (It appears on your PERS Warrant): : (Social Security Number Plus PERS Assigned Number)		
SIGNATURE:		
→ CCSO member has a \$2,000 death benefit, effective, once beneficiary is designated below on this card. The beneficiary must be 18 years of age. A minor, must have a designated co-beneficiary listed. Family member must contact the CCSO office within 60 days after member's death occurs.		
Beneficiary	Contact Telephone #	
Beneficiary Address	City/State:	Relationship
Contingent Beneficiary	Contact Telephone #	
Contingent Beneficiary Address	City/State	Relationship

Mail: CCSO, 1481 Ullrey Ave., Escalon, CA 95320 / Fax: (209) 838-6759 / Scan and Email: CCSO@ccsonet.org

I hereby tender my application for membership in the California Correctional Supervisors Organization (CCSO), Retired Chapter, and authorize a membership dues deduction from my Public Employees Retirement System (PERS) allotment, in accordance with regulations of their department. As a condition of membership in CCSO, I agree to abide by the Bylaws of CCSO and faithfully carry out my obligations under the same. Membership dues are \$120.00 per year, payable in monthly installments on the first day of each month in the amount of \$10.00.

This authorization will remain in effect until canceled by the Organization, or at my written request, subject to the provisions of any agreement in effect between Public Employees Retirement and CCSO, that apply to my membership. I understand that termination of my membership will cancel all deductions made under this authorization.