



**LEOFF I
COALITION**



Exclusive Representative of LEOFF I Retired Law Enforcement Officers & Fire Fighters of Washington

LEOFF 1 Coaliton Membership, DRS Payroll Deduction Form

DRS Payroll Deduction Authorization Form: I am a retired LEOFF Plan 1 member, or beneficiary.
I want DRS to begin deducting \$5.00 per month from my pension check.

Name: _____
(First Name) (Middle Name) (Last Name)

Spouse: _____
(First Name) (Middle Name) (Last Name)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Agency: _____
(Position)

Please (circle one): Deputy Sheriff's Police Officer's Fire Fighter's Beneficiary

YES! I want to Volunteer: **Lobby in Olympia** **Write/Email Legislators** **Call Legislators**

Payment Method for monthly dues: Auto-Deduction – Payroll deduction - \$5 per month.

DUES PAYMENT: The only option for deduction is a \$5 deduction from your pension check each month.

At my own risk, I authorize DRS to regularly deduct \$5 per month from my retirement allowance to pay LEOFF 1 Coalition membership dues. I hold DRS harmless for any problems the payment causes to occur between the organization and me. I will contact the LEOFF 1 Coalition directly to address any issues that arise concerning this deduction.

Authorization Date (dd/mm/yyyy): _____ DRS Vendor ID #3519 LEOFF 1 Coalition

Your Initials: _____ Last 4 Digits of Social Security Number: _____

Deductions will continue until:

- (1) I write to the LEOFF 1 Coalition and DRS, asking for my deductions to end;
- (2) The deduction plan is terminated.

Signature: _____ Date: _____

Thank you for your membership dues to the LEOFF 1 Coalition.

Mail to:
LEOFF 1 Coalition
407 West Bay Dr NW
Olympia, WA 98502

Questions:
Joyce Willms, Executive Director
360-570-1035
joyce@leoff1coalition.org



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LEOFF I Coalition Membership Form

The LEOFF I Coalition is a Statewide Membership Organization that exclusively represents LEOFF 1 members and their beneficiaries. With your financial support, the Coalition will continue to lobby to protect **you and your spouse's** pension fund and benefits. Membership dues are \$5/month (\$60/year). Membership dues and donations are not tax deductible. Thank you for your continuous support.

Please print.

Name: _____
(First Name) (Middle Name) (Last Name)

Spouse: _____
(First Name) (Middle Name) (Last Name)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Retired From: _____
(Agency)

Please (circle one): Deputy Sheriff's Police Officer's Fire Fighter's Beneficiary

YES! I want to Volunteer: Lobby in Olympia Write/Email Legislators Call Legislators

Annual Membership Dues: \$5.00 per month, paid annually \$60 per year

For your convenience you can now pay with credit card or check

Annual membership paid by check or credit card, \$60.00 per year.

Please Donate to the Defense Fund. Save your Pension

Yes, I will make an **additional** donation in the amount of: \$200 Other _____

Please bill my credit card: Mastercard Visa (circle one)

(located on the back of your card)

Card # [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] CVC# [] [] []

Exp. Date: _____ Signature: _____

Please Include Complete Credit Card Billing Address

Address: _____

City: _____ State: _____ Zip: _____

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