



# LEOFF I COALITION



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

## 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: \_\_\_\_\_

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

Questions:  
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