## MAINE ASSOCIATION OF RETIREES, INC.

280 Maine Avenue · Farmingdale, ME 04344 · Tel. (207)582-1960 or 1-800-535-6555

mar@maineretirees.org website: www.maineretirees.org

## APPLICATION FOR MEMBERSHIP

I understand that membership in the Maine Association of Retirees (MAR) is entirely voluntary, and that I may terminate my membership by notifying MAR before the 10th of the month

## **PAYMENT METHOD**

MONTHLY PAYROLL DEDUCTION: I hereby author pension allowance. In order to deduct MAR dues	· · ·	t System (MePERS) to deduct \$1.50 per month from my S#
Who earned this retirement benefit? $\square$ Yourself $\square$ Spouse $\square$ Other If you did not earn this pension, are you a beneficiary of the person who did?		CHECK APPICABLE BOXES
		☐ Male ☐ Female
	□ No	☐ Retired State Employee
If so, we need their Social Security Number:	SS#	☐ Retired State Trooper
Name:		☐ Retired Public School Employee
Mailing Address:		☐ Retired Local District Employee
Telephone:		☐ Retired Legislator
E-Mail Address:		☐ Retired Judge
Signature: Date:		
Additional Elective Information:		
In order to serve you well, the follow	ing information would be helpful.	This information is OPTIONAL. All of the
information you provide to MAR is confi		
☐ Veteran		Monthly MePERS Pension Level
CC Desirient	□ \$500-750 □ \$750-1000	□ \$1501-1750 □ \$2251-2500 □ \$1751-2000 □ \$2501-2750
☐ SS Recipient Birth Year	□ \$1001-125	
birtii fedi	□ \$1250-150	
	·	erested in serving on a MAR Committee or
volunteering with MAR activities, please	check which areas you are interest	ed in.
☐ Legislative	☐ Financial	☐ Membership
☐ Media/Communication	$\square$ Board of Directors	☐ Regional Director
☐ Nominating	☐ Insurance	☐ Other Activities