



MAINE ASSOCIATION OF RETIREES, INC.

280 Maine Avenue, Farmingdale, ME 04344, (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 I may terminate my membership by notifying MAR before the 10th of the month.

MONTHLY PAYROLL DEDUCTION: I hereby authorize the Maine Public Employees Retirement System (MePERS) to deduct \$2.00 per month from my pension allowance. In order to deduct MAR dues, your Social Security number is required:

SS # _____

Printed Name _____

Address: _____

Signature _____ Date _____

Who earned this retirement benefit? Yourself Spouse Other

If you did not earn this pension, are you a beneficiary of the person who did? Yes No

If so, we need their Social Security Number: SS# _____

Telephone: _____

E-Mail: _____

CHECK APPLICABLE BOXES

- Male Female
- Legislator
- Judge
- State Employee
- State Trooper
- Public School Employee
- Local District Employee

Elective Information:

- Veteran
- SS Recipient
- Medicare Eligible