



MAINE ASSOCIATION OF RETIREES, INC.

157 Capitol Street, Suite #4, Augusta, ME 04330, (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.

MONTHLY PAYROLL DEDUCTION: I hereby authorize the Maine Public Employees Retirement System (MePERS) to deduct \$3.00 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