

**APPLICATION FOR ASSOCIATE MEMBERSHIP IN THE
CONTRA COSTA COUNTY RETIRED EMPLOYEES ASSOCIATION, INC.**

I understand that my annual fee for associate membership is \$12.00. This fee grants me all rights and privileges accorded to a full member of CCCREA, except the ability to hold office, vote in elections, apply for scholarships, or apply to purchase any supplement insurance packages from Pacific Group Agencies. I also agree to contact the CCCREA Secretary, either by email or telephone call, when I have fully retired.

Upon my full retirement, I authorize the Contra Costa County Employees Retirement Association to deduct a fee of \$3.00 per month from my retirement allowance each month, beginning the first month after receipt of this signed application. The deductions will continue until cancelled by me in writing to the retirement office (1355 Willow Way Suite 221 Concord, CA 94520)

Name (print) _____ Employee Number _____

Address _____ City, State, and Zip _____

No. of years employed _____ Planned Retirement Date (if known) _____

Department _____ Email _____

Telephone (_____) _____ Cell Phone (_____) _____ Date _____

SIGNATURE _____ E

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (855) 522-2732, OR CONTACT US AT WWW.CCCREA.INFO