

Public Employee Retirees, Inc. • Membership Application

I want a Calendar - Year Membership.
Enclosed is my Check for **\$ 10.00**

Membership is from Jan. 1 - Dec. 31 or any part there of.

I want to become a LIFE time member.
Enclosed is my check for **\$100.00**

Membership is for my life time and is not transferable.

Make check payable to P.E.R.I.

Mail to: PERI
659-F Park Meadow Road
Westerville, OH 43081

First	M. Initial	Last
Address line one		
Address Line two		
City	State	Zip + 4

Last four digits of your Soc. Sec. Number: _____

Phone Number: (____) _____ - _____

Ohio County: _____

Title: Mr Mrs Miss Ms Other _____

To be filled in by the PERI Office.
P.E.R.I. Membership Number

Dues are not tax deductible. For our Legislative history visit www.OPERI.ORG

