

SONOMA COUNTY ASSOCIATION OF RETIRED EMPLOYEES (SCARE)

P. O. Box 5513, Santa Rosa, CA 95402 www.sonomacountyretirees.com

Dear Retiree:

If you or your spouse/domestic partner are receiving retirement benefits from the Sonoma County Employees' Retirement Association (SCERA), you are eligible for SCARE membership and we hope you will join our organization.

SCARE's primary purpose is to protect and promote the benefits and welfare of the retired employees of Sonoma County. We advocate for retiree interests at the County and State level through the Board of Supervisors, the Sonoma County Employees' Retirement Association Board, the Joint Labor Management Benefits Committee (JLMBC), the Sonoma County Coalition of Labor Organizations, the California Retired County Employees Association, and the State Legislature. Membership meetings, luncheons, a quarterly Newsletter, and the SCARE website keep our members informed of issues that may affect them.

If you have any questions regarding membership, please contact our Membership Chair, Patty Hamley, at 707-579-1726 or send email to phamleyis@hotmail.com or just complete this application and mail it to us.

SCARE MEMBERSHIP APPLICATION

Mail to: **SCARE, 2112 Berkeley Drive, Santa Rosa, CA 95401**

PLEASE PRINT

Member Name _____ Associate _____

Address _____
Street City State Zip

Telephone: Home _____ Cell _____ E-Mail address _____

I agree to receive the SCARE Newsletter and other notices via email

I hereby apply for Membership in the Sonoma County Association of Retired Employees. I am eligible for membership based on my retirement from the Sonoma County _____ Dept. on _____ (please enter retirement date).

AND/OR

I hereby apply for Associate Membership in the Sonoma County Association of Retired Employees. I am eligible for Associate Membership by being the spouse/domestic partner or widow/widower of _____, a Sonoma County retiree.

Dues for membership to SCARE are \$5.00 per month for members and \$2.50 per month for Associate Members.

I authorize payment of my (our) SCARE dues of \$_____ per month by deduction from my retirement check.

Member Signature _____ Last 4 digits of Soc. Sec. # _____

Associate Signature _____ Date _____