

RETIREES CHAPTER

DUES DEDUCTION AUTHORIZATION FOR

| (Mr. / Mrs. / Ms.) LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|---|----------------|
| | | |
| HOME ADDRESS + APT. NO. | CITY-STATE-ZIPCODE | |
| AREA CODE + HOME PHONE | AREA CODE + MOBILE PH | IONF |
| AREA COSE : HOME I HORE | AREA COSE : MOSIZETT | |
| EMAIL ADDRESS | | v |
| PENSION NUMBER | SOCIAL SECURITY NUMB | ER |
| FORMER AGENCY | | |
| I authorize the Co | omptroller of the City of New York, on be | ehalf of the |
| | ork City Employees Retirement System, | |
| | ount of \$3.75 (\$45 annually) from my m | · |
| | ew York City Managerial Employees As | |
| | adway, Suite 1945, New York, NY 10004 | |
| and organization of which I am a member, pursuant to Chapter 207 of the laws of 1998, | | |
| Section 13-181 o | f the Administrative Code of the City of | New York. |
| Signature of Employee | | Date |
| Print Full Name | | |

PLEASE RETURN TO:

NEW YORK CITY MANAGERIAL EMPLOYEES ASSOCIATION 42 BROADWAY, SUITE 1945, NEW YORK, NY 10004 info@nycmea.org |212.964.0035| www.nycmea.org