

SUAA-JJCAA

MEMBERSHIP AND DUES DEDUCTION AUTHORIZATION FORM

Name _____

Spouse (if applicable) _____

Address _____

City _____

State _____ Zip _____

Telephone _____ E-mail _____

Please check one: I am a Retiree I am a Surviving Spouse
 I am a Spouse and Retiree I am a Current Faculty/Staff Member

Please check the payment option you prefer:

Monthly Pension Deduction (\$2.67 deducted from your monthly annuity check)
 Single Payment (\$32.00 payable to SUAA)
 Semi-Annual Payroll Deduction (\$16.00 deducted from your payroll in fall & spring)

Required for Option #1 ONLY:

I hereby authorize the State Universities Retirement System (SURS) to deduct each month the amount as certified by JJCAA as the current rate of dues. The deduction is to start on the first of the month (to be determined by SURS and SUAA) and will continue until I inform SURS that I want to cancel the deduction. I also authorize SURS to provide change of address information to JJCAA.

Signature (required for dues deduction) _____

Social Security Number (For Dues Deduction Only) _____

I wish to make a donation to SUAAction. (Check payable to SUAA.)

\$5.00 \$10.00 \$15.00 \$20.00 Other amount

Return this signed form and your check for single payment dues option, if selected, to:

**Dianne Schmitt, JJCAA Treasurer
1126 Bryan Ave.
Joliet, IL 60435-4432**