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Santa Barbara County Employees' Retirement System

I hereby authorize the Retirement System to deduct from my retirement allowance the amount of \$2.50 per month in payment of dues to the Retired Employees of Santa Barbara County (RESBC). I understand that the dues will be \$30.00 per year and that my membership includes a subscription to the RESBC newsletter. I reserve the right to terminate this authorization by written notice served at any time.

Name

Date Retired

Address

City, State, Zip Code

Signature

Date

I also authorize the release the following information to RESBC (optional):

E-Mail Address

Home Telephone Number

**RETIRED
EMPLOYEES OF
SANTA BARBARA
COUNTY**
P. O. BOX 30401
SANTA BARBARA
CA 93130
(805) 568-5933

I am not interested at this time

Signature

Date