



Please Print **California State University**  
**Emeritus and Retired Faculty and Staff Association**  
**Membership Application**

\_\_\_\_\_  
 Last Name First Name MI Soc Sec. Number  
 (or your CalPERS ID # \_\_\_\_\_ and last 4 digits of your SSN \_\_\_\_\_)

\_\_\_\_\_  
 Home Address City State Zip E-mail address  
 Number and Street

\_\_\_\_\_  
 Date Retired CSU Campus Department Home Phone Number  
 Including Area Code

Please enroll me as a retired CSU-ERFA member. I hereby authorize deductions to be made from my retirement warrants by Public Employees' Retirement System for the payment of dues to the CSU Emeritus and Retired Faculty Association. I further agree that CSU-ERFA act as my agent in payroll deduction agreements between myself, CSU-ERFA, and the Public Employees' Retirement System. This authorization will continue in effect until I submit a timely written notice of cancellation to the CSU-ERFA office. (If you prefer to make direct annual payment of dues, multiply your monthly payment x 12 and send a check for the total amount to the CSU-ERFA office. Your Social Security number is not required if you choose annual payment.)

Monthly Retirement	Dues	Check One
Less than \$3,000	\$5 per month	<input type="checkbox"/>
\$3,001 to \$3,699	\$6 per month	<input type="checkbox"/>
\$3,601 to \$4,300	\$7 per month	<input type="checkbox"/>
\$4,301 to \$5,300	\$8 per month	<input type="checkbox"/>
\$5,301 to \$6,300	\$9 per month	<input type="checkbox"/>
\$6,301 and above	\$10 per month	<input type="checkbox"/>
Donor member	\$11 & up per month	amt \$ _____
Lifetime Donor Membership -- One time payment of \$1000.00 or more. amt \$ _____		

Please mail the completed and **signed** form to  
**CSU-Emeritus and Retired Faculty Association**  
**The Retiree Center, 18111 Nordhoff Street**  
**Northridge, CA 91330-8339**

\_\_\_\_\_  
 Signature Date