

Joining RPEA Helps Us Support YOUR Retirement Security

RETIRED PUBLIC EMPLOYEES'

ASSOCIATION OF CALIFORNIA

Membership



Application

Become a Member in Three Easy Steps!

Have a scanner app on your smart phone?

Visit our website:
www.rpea.com

Join online!



Why Join RPEA?

RPEA protects the interests of retirees at the state level to ensure your retirement remains secure. We retain a professional lobbyist who represents our interests before the Governor, Legislators and CalPERS Board. We also have access to a federal lobbyist who keeps us informed on federal retiree issues.

RPEA continues an active and ongoing relationship with CalPERS by serving on their Advisory Committee concerning CalPERS plans and proposals. We also monitor every CalPERS committee and frequently testify at these meetings on behalf of our members.

Every RPEA member receives a bi-monthly statewide newsletter with general information as well as legislative and health care updates.

Members also gain access to numerous member-only benefits including dental and vision plans and a wide array of merchant discount programs. For only \$5.00 a month you get even more back in benefit savings!

STEP 1: Tell Us About Yourself

Your Name: _____ Date of Birth ____ / ____ / ____
 M F
 Spouse Name: _____ M F Date of Birth ____ / ____ / ____
 Is your spouse an additional applicant? Y N
 Address: _____
 City/State/Zip: _____
 Phone: (____) _____ - _____ Email: _____
 Retired From: _____ Retirement Date: _____
 RPEA Chapter Number or Name if Known: _____
 Referred By: _____

STEP 2: Select One Membership Type

- Retiree (CalPERS Annuitant) Beneficiary (Beneficiary of a CalPERS retiree)
 Affiliate (Still working for a Public Agency) Associate Member (Supporter of RPEA's goals)

STEP 3: Select One Payment Method

Option 1: MONTHLY CALPERS DEDUCTION: I authorize the California Public Employees Retirement System (CalPERS) to deduct for each applicant on this form \$5.00 per month from my retirement allowance until revoked by me in writing. **Only available if one applicant is receiving a CalPERS retirement payment.**

 Signature Social Security Number or CalPERS ID + Last 4 of SSN

Option 2: CHECK OR MONEY ORDER: As payment for the first year's dues, I have attached a check or money order for \$60.00 (\$30.00 for affiliate membership) for each applicant on this form. I will be billed annually for subsequent renewals.

Option 3: CREDIT CARD AUTHORIZATION: As payment for the first year's dues, I authorize \$60.00 for each applicant on this form (\$30.00 for affiliate membership) to be charged on my credit card. I will be billed annually for subsequent renewals.
 Card Number: - - -
 Expiration Date: / CVV/CVC: (3 Digit code on the back of card)
 Automatic Renewal _____

 Signature

RPEA/April/2023

THANK YOU for Joining RPEA!

Information collected on application will be used for membership purposes only. For details, contact HQ at 800-443-7732.

RPEA
Headquarters Office:
(800-443-7732)

Return your completed application to:
RPEA • 300 T Street • Sacramento, CA 95811-6912

