

# Tennessee State Employees Association

## Retiree Membership Application

If you are retired from Tennessee state government and are interested in joining the Tennessee State Employees Association (TSEA), please print, fill out, sign, and mail the attached retiree membership application. **NOTE: All retirees, including those who were TSEA members during their employment with the state, must complete this application to maintain or establish their TSEA membership as retirees.**

**IMPORTANT: Your retiree application must include a handwritten signature to comply with Tennessee Consolidated Retirement System (TCRS) policies.**

**Print, complete, sign, and mail this application to begin or continue your TSEA membership.**

***Membership dues deduction authorization. Please print clearly.***

I, the undersigned, hereby authorize the Tennessee Consolidated Retirement System (TCRS) to deduct, from my pay, membership dues of \$6.00 each month and pay such dues to the Tennessee State Employees Association, which is a qualified state employee association.

I, the undersigned, understand that this authorization is to become effective immediately. I understand that I may revoke this authorization by written notification at any time. Any deductions made from my compensation within thirty (30) days of the effective date of this authorization shall be refunded by the association if revocation is made within such thirty (30) day period. I also understand that the amount of membership dues deduction may increase or decrease if the association approves an increase or decrease in dues in accordance with its bylaws and rules of procedure. Upon notification to me by the association of an increase or decrease in dues, I understand that I will again have an opportunity to revoke this authorization and receive a refund equal to one month's dues if revocation is made within a thirty (30) day period from the date of notification. I understand that my membership payroll deduction will continue until after the association receives my written notification of cancellation.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

### ■ Mail to:

TSEA Retiree Application  
627 Woodland St.  
Nashville, TN 37206

