

PRSEA/CSPERA Membership Form

September 1, 2022 – August 31, 2023

DO NOT complete this form if ...

... you are currently signed up for dues deduct from your monthly PERA benefit check (no action is needed).

... you want to join and prefer to have dues deducted monthly from your benefit check. Join through the CSPERA website:

www.CSPERA.org/index.php/membership/membership-form

COMPLETE this form if ...

...you want to join or renew your membership by submitting a check each year. Please complete the form below.

Not sure of your membership status?

Call CSPERA at 303-326-1808.

First Name* _____

Last Name* _____

Street Address* _____

City* _____ State* _____

Postal / Zip* _____ Country _____

Phone Number* (_____) _____ - _____

Email* _____

County* _____

*Required

Membership Cost:	Local PRSEA	\$10.00
	State CSPERA	<u>\$38.00</u>

Total membership cost enclosed **\$48.00**

Please make check payable to: CSPERA.

Return this form and payment to:

CSPERA
1135 E Montview Blvd
Aurora, CO 80010

Please donate to the Scholarship
Fund through the PRSEA website:

[www.PSDfoundation.org/
schools-programs/prsea/](http://www.PSDfoundation.org/schools-programs/prsea/)

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