 



***Exclusive Representative of LEOFF I Retired Law Enforcement Officers & Fire Fighters of Washington***

**LEOFF I Coalition Membership and Contribution Form**

**The LEOFF I Coalition is a Statewide Membership Organization** that exclusively represents LEOFF 1 members and their beneficiaries. With your financial support, the Coalition will continue to lobby to protect **you and your spouse’s** pension fund and benefits. Membership dues are $5/month ($60/year). Thank you for your continuous support. Membership dues and donations are not tax deductible.

*Please print.*

Name:

(First Name) (Middle Name) (Last Name)

Spouse:

(First Name) (Middle Name) (Last Name)

Address: City: State: Zip: Phone: Cell: Email: Retired From:

(Agency) (Position) (Date Retired)

Pension Plan (circle one): LEOFF 1 PRIOR ACT BENEFICIARY

**YES!** I want to Volunteer: ❏ **Lobby in Olympia** ❏ **Write/Email Legislators** ❏ **Call Legislators**

# I would like to donate in memory of:

❏ **Change of Phone No.** ❏ **Change of Address** ❏ **Change of Email**

**If information is new, please complete the following:**

## Are you retired? *(Please circle one)* Yes No From what agency? Sheriff’s Office City Police Fire Agency Where?

* **Annual Membership Dues: $5 per month ($60 per year)** $

**Please circle contribution amount:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * **One Time Donation:** | $20 | $50 | $75 | $100 | $150 | $200 | $250 | other $ |
| * **Make this my monthly** | **donation:** |  | $20 | $50 | $75 | $100 | $150 | other $ |

*For your convenience you can now pay with credit card or check*

Please bill my credit card: Mastercard Visa (circle one)

Card # CVC #

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(located on the back of your card)

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## Exp. Date: Signature:

**Please Include Complete Credit Card Billing Address**

Address:

City: State: Zip:

Mail to:

LEOFF 1 Coalition 407 West Bay Dr NW Olympia, WA 98502

Questions:

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