LEOFF I COALITION

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

LEOFF I Coalition Membership 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). Membership dues and donations are not tax deductible. Thank you for your continuous support.

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) (Date Retired)

Please (circle one): Sheriff's Office Police Fire

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

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

Annual Membership Dues: $5.00 per month, paid annually $60 per year

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

❑ Annual membership paid by check, $60.00 per year.
❑ Annual membership paid by credit card, $60.00 per year.
❑ Associate Membership, no charge.

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

Card # | | | | | | | | | | | | | | | | CVC # | | | | (located on the back of your card)

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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