

## Contact Information

### 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? \_\_\_\_\_

**New Member**       **Change of Phone No.**       **Change of Address**       **Change of Email**

*Please print.*

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Legislative District: \_\_\_\_\_

Phone (Home): ( \_\_\_\_\_ ) \_\_\_\_\_ Phone (Cell): ( \_\_\_\_\_ ) \_\_\_\_\_

## Donation Information

The LEOFF 1 Coalition needs your financial support to continue to fight and save your pension fund and benefits.

Thank you for your continuous support and donations.

**Please circle amount you would like to contribute:**    \$20    \$50    \$75    \$100    other \$ \_\_\_\_\_

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

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

Card # 

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CVC# 

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 (located on the back of your card)

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please Include Complete Credit Card Billing Address

Address: \_\_\_\_\_

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

**LEOFF I Coalition** • 855 Trosper Rd. SW STE 108 PMB 127 • Tumwater, WA 98512  
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