



**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)

Please (circle one): Deputy Sheriff's Police Officer's Fire Fighter's Beneficiary Supporter

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 or credit card, \$60.00 per year.

Please Donate to the Defense & Advocacy Fund. Protect Your Pension

Yes, I will make an **additional** donation in the amount of: \$200 Other _____

Total Payment

Total Amount Enclosed/Authorized Today: \$ _____

Payment Method

Check (payable to: LEOFF1 Coalition) Credit Card

Please bill my credit card: Mastercard Visa (circle one) (located on the back of your card)

Card #

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 CVC#

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Exp. Date: _____ Signature: _____

Please Include Complete Credit Card Billing Address

Address: _____

City: _____ State: _____ Zip: _____

Mail to:
LEOFF 1 Coalition
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Olympia, WA 98502

Questions:
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