

Membership Application (Printable)



Please fill out the form below to join RELAC:

First

Last

Street Address

City

State

Zipcode

Date of Birth

Last 4 digits of SSN

Phone

E-mail

Gender:

☐ Male ☐ Female

County Dept. Retired from:

Retirement Date

Select Your Membership Type:

☐ Retiree Only (\$2.50/Month) ☐ Retiree & Spouse/Partner (\$3.50/Month)

NOTE: If spouse /partner is also a County retiree, (s)he must also join as a retiree member (two memberships = \$5/month).

Spouse/Partner Name

Spouse/Partner Birthday

☐ I authorize LACERA to deduct my monthly dues from my retirement check and pay that amount to RELAC.

RELAC Emails

☐ Keep me posted - I want to receive periodic RELAC e-mails and notices concerning topics of importance to me.
☐ Save paper - I want to receive the RELAC newsletter by e-mail only.

How did you hear about RELAC?

Please mail the filled out form to: RELAC, 1000 S. Fremont Ave., Unit 15, Alhambra, CA 91803-8802