



ADMINISTRATIVE AND RESIDUAL
RETIREE COUNCIL
LOCAL 4200R, AFT, AFL-CIO

Membership Application | Dues Deduction | Authorization Form

Name (Print) _____
(Last Name) (First Name) (Middle Initial)

Home Mailing Address _____

City _____ State _____ Zip Code _____

Employee # _____ Department _____ Job Title _____

Email Address _____

Retirement Date _____ Phone # _____

I hereby authorize the State of CT to deduct from each pension check the amount of Three Dollars (\$3.00) or the amount approved by the A&R Retiree Council. I may cancel this authorization upon a thirty (30) day written notice to the Office of State Comptroller.

Signature _____ Date _____

- Check by Mail Pension Deduction

Please indicate if you are interested in any of the following:

- Retiree Council Board
Summer / Holiday Parties
Political Action Committee
Social Committee

What kind of Lunch and Learn opportunities would you be interested in attending?

Two horizontal lines for handwritten response.

Our Purpose

The Retiree Council is dedicated to keeping its members informed about important issues affecting retirees, including Social Security, Medicare, pensions, and health-related matters. All members are encouraged to attend our monthly meetings, which are held on the third Monday of each month from September through June.

In addition to informational meetings, the Council organizes social events such as luncheons, holiday parties, trips, and other fun activities.

Our website is regularly updated with the latest news and event details, and we also send out mailings throughout the year with important information for retirees. Membership costs is Three dollars (\$3.00) per month, which can be paid via payroll deductions or an annual check for Thirty-six dollars (\$36.00).

Congratulations on your upcoming or recent retirement we look forward and encourage you to join A&R's Retirees Council.

Please print, fill out, and return your application to:

A&R Retirees Council
805 Brook Street
Building #4
Rocky Hill, CT 06067