## Ventura County Community College District Retirees' Association P.O. Box 6216 Ventura, CA 93006-6216

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For more information visit: <b>www.vcccd</b>	ra.org	e-mail: vcccdra@gmail.com
	Application for M	embership
		Date:
lifetime. My check in the an Association and mail to VCC application. <b>Retired Employee</b>	nount of \$ is enclosed (ple CCDRA, P.O. Box 6216, Ventur	ciation at\$20 annually or\$200 ease make checks payable to the VCCCD Retirees ra, CA 93006-6216, and enclose with this years
 First name	Middle Initial	Last name
Home and/or Mailing Add	ress	
City	State	Zip
Home Phone ( )	Cell Phone	( )
Personal (not VCCCD) E-	nail address	
Please fill out the following survey	to help us gain basic information about o	ur retirees. Thank you!!
Month/Year Hired Full-Tim	e: Month/Year Retire	ed:Years of Service
Retired from (MC/OC/VC/E	OO):Position Title at	t Retirement:
Employee Category (Faculty	v, Classified, Supervisor, Manago	er):
Currently Receiving District	Paid Health Benefits? Yes	No
Currently Receiving Medica	re Part A? YesNo P	art B? YesNo
If not currently receiving Mo	edicare, will you be eligible later	? YesNo
If yes, year that you	will be eligible:	

(continued on next page)

## Designee selected to receive information from the Retirees' Association\*

## Name of Designee and relationship to retiree: \_\_\_\_\_

## **Contact Information of Designee**

Mailing Address:			
-	Street	City	State/Zip Code
Home Phone: (	)	Cell Phone: ( )	
Email Address:			

\*The Retirees' Association is collecting designee contact information in case the retiree becomes incapable of taking care of their own personal and/or business issues. This will ensure that you will continue to receive all important information concerning District-provided health benefits.

Effective: 7/1/20;rev 7/29/21;12/9/22 - retireembrshpapplication