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

Application for Membership

Mary Jones, President
Susan Bricker, Past President
Vacant, Vice President
Marie Soo Hoo, Secretary
David Magallanes, Treasurer
Sandy Hajas, Newsletter Editor
Harry Culotta, Chair, Benefits Committee
Carmen Guerrero, Blogmaster/WebEditor
Chair,Tech. Comm.
Miichael Bowen, Chair, Membership Comm.
Larry Manson, Chair, Educ. Issues Comm.
Vacant, Chair, Scholarship Comm.
Representatives-at-Large:
Marta Freixas; Joy Kobayashi; Joan Smith

For more information visit: ***www.vcccdra.org*** *e-mail:* ***vcccdra@gmail.com***

Date: _____

Please accept my membership in the VCCCD Retirees' Association at _____$25 annually or ____$250 lifetime. My check in the amount of $_____ is enclosed (please make checks payable to the VCCCD Retirees' Association and mail to VCCCDRA, P.O. Box 6216, Ventura, CA 93006-6216, and enclose with this application.

Retired Employee_____
Active employee that plans to retire within the next five years, the spouse of a deceased retiree (Associate members) or a Sustaining Partner (per ByLaws Article III, Section 5 & 6) _____

_____

First name **Middle Initial** **Last name**

Home and/or Mailing Address _____

City_____ **State**_____ **Zip**_____

Home Phone ( ) _____ **Cell Phone** ( ) _____

Personal (not VCCCD) E-mail address _____

Please fill out the following survey to help us gain basic information about our retirees. Thank you!

Month/Year Hired Full-Time:_____ Month/Year Retired:_____Years of Service_____

Retired from (MC/OC/VC/DO):_____Position Title at Retirement:_____

Employee Category (Faculty, Classified, Supervisor, Manager):_____

Currently Receiving District Paid Health Benefits? Yes _____No_____

Currently Receiving Medicare Part A? Yes_____No_____ Part B? Yes_____No_____

(continued on next page)

If not currently receiving Medicare, will you be eligible later? Yes____No _____

If yes, year that you will be eligible: _____

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 the event that a retiree becomes incapable of taking care of their own personal and/or business issues. This will ensure that you, or your designee, will continue to receive all important information concerning District-provided health benefits.