



Peace Officers Research Association *of California*

RAM APPLICATION

Retired Member's Name: _____

Billing Address: _____

Contact Phone #: _____

E-Mail Address: _____

Date of Birth: _____ Last 4 digits of SSN: _____ Retirement Date: _____

Type of Retirement? (Service, Disability (IDR), or Deferred) _____

Dues are \$24.00 per year. Payment must be received with your application.

Method of Payment:

CalPERS Deduction (\$2.00 a month) _____
Must have complete SSN

Check Enclosed payable to PORAC _____

VISA

Credit Card No.	_____	_____
	_____	_____

MasterCard

Exp. Mo/Yr	3 Digit Sec Code	_____

 Name as it appears on card _____

Signature

For check or credit card payments, your continued membership will be invoiced \$24.00 annually. If you pay via CalPERS deduction, you will not receive any further invoices.

You may begin your process by completing this form and mailing it along with your payment to PORAC Headquarters, 4010 Truxel Rd., Sacramento, CA 95834. PORAC submits to CalPERS the first week of each month for deductions beginning the following month. If you have any questions, please contact PORAC Membership Services, e-mail to membership@porac.org or call 916-928-3777 or 800-937-6722.

The information requested in this process will be held at the highest level of confidentiality, and is used for verification of identification and insurance purposes. Your confirmation can take up to 30 business days.

Thank you,

PORAC Membership Services