



Macomb County Retirees Association

P.O. Box 46593 - Mount Clemens, MI 48046-6541

Dear Retiree:

We welcome you to join your former co-workers as a member of the Macomb County Retirees' Association. All retired employees, spouses, and surviving spouses of Macomb County government, Sheriff's Office, Circuit Court, Probate Court, Road Commission and District Courts 42-1 and 42-2 are eligible to become a member of the Macomb County Retirees' Association.

When you left the employ of the County, you also left behind a great benefit: collective bargaining. Now, in retirement, the Macomb County Retirees' Association takes an active interest in all matters that affect your continuing benefits. Your annual dues help support the primary mission of MCRA to be a retiree advocate to the Macomb County government and to foster the continuation of social relationships between its retired employees. MCRA representatives monitor activities affecting our retirement system and member benefits. They represent members' interests before the Macomb County Retirement Board and the Board of Commissioners.

You will find helpful information about retirement news, benefit resources and more on our website **macombretirees.org**. Our newsletter, The Retiree Connection, is published quarterly in February, May, August and November to keep members informed of activities and relevant news. The MCRA General Membership Annual Meeting is held in September, at which a lunch is served. Check our home page calendar for date, time and location.

We encourage you to become a member online at **macombretirees.org/join** where you can apply and pay the \$10 annual dues by credit card. Or fill out the form below and mail it with your \$10 check payable to the address below. We welcome you to join your former co-workers as a member of the Association and hope we will be hearing from you soon.

Macomb County Retirees' Association - Application for Membership

Required Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Department _____ Retirement Date ____/____/____
Department you/spouse retired from Day Month Year
Write UNKNOWN if uncertain Leave blank if uncertain

I am the Retiree Spouse Date of Birth ____/____/____
Day Month Year

Optional Information:

Phone () - Mobile Yes No
Area Code Number Home Text messages OK?
 Other

Alternate Phone () - Mobile Yes No
Area Code Number Home Text messages OK?
 Other

Email Address _____

I want to receive the newsletter by email Yes No

Mail with a \$10.00 check payable to: Macomb County Retirees Association
P.O. Box 46593
Mount Clemens, MI 48046