

**ASSOCIATION OF HIALEAH
RETIRED MUNICIPAL EMPLOYEES (AHRME)**

2740 SW Martin Downs Blvd #250, Palm City, Florida 34990-6046
Phone: (772) 287-4790

DUES AUTHORIZATION FORM

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

I, _____, (print name) hereby authorize the City of Hialeah Employees Retirement System to deduct from my monthly pension check, the sum of two dollars (\$2.00) per month for payment of monthly dues to the Association of Hialeah Retired Municipal Employees, (AHRME).

BY SIGNING THIS FORM, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF HIALEAH, THE HIALEAH EMPLOYEES RETIREMENT SYSTEM, AND THE ASSOCIATION OF HIALEAH RETIRED MUNICIPAL EMPLOYEES IN CONNECTION WITH MY ELECTION TO DEDUCT ASSOCIATION DUES.

I acknowledge that I may revoke this authorization for deduction of future dues payments at any time, provided that I provide sufficient advance written notice to AHRME for the processing of my revocation.

Note that you are not required to sign this form, but may voluntarily agree to do so as a convenience provided by the City of Hialeah Retirement System and AHRME.

Dated: _____

Signature of Retiree

Department Worked In & Job Title

Date of Birth

Social Security Number
(Required for State Street identification)

Street Address

City, State & Zip Code

Email

Telephone (Including Area Code)

Please SIGN then mail this completed form to our address above. Thank You!

(The Initiation Fee for new members has been temporarily waived during our current Membership Recruitment Drive).