



Macomb County Retirees Association

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

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 beneficiaries 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.

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 luncheon meeting is held in September. Check our home page calendar for date, time and location.

We encourage you to become a member by scanning the application form QR code or visiting macombretirees.org/new_member.html You can also pay the \$10 annual dues by credit card using the dues payment QR code or visiting macombretirees.org/dues.html. Or fill out the form and mail it with your \$10 dues payment to the address below.

We look forward to receiving your application for membership.

Scan the QR code below to complete this form online



Macomb County Retirees Association Application for Membership

Name _____

Address _____

City _____ State _____ Zip Code _____

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

I am the Retiree Spouse Date of Birth ____/____/____
Month Day Year
Leave blank if you prefer not to disclose

Email Address _____

Newsletter Delivery Deliver by email Deliver by U.S. mail

Phone (____) _____ - _____ Check if phone can receive text messages
Area Code Number

Scan the QR code below to pay dues online by credit



Annual dues are just \$10

Or mail this form with payment payable to:

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