



Wyoming Retired Education Personnel

WREP Membership Application

Please print all information

NAME _____

Last

First

MI

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

SIGNATURE _____

Date _____

Please initial your preferred method of dues payment.

___ I am a member of the Wyoming Retirement System, and authorize the WRS to deduct my annual WREP membership dues, in the amount of \$20.00, from my July retirement benefit. I certify that I am receiving benefits sufficient to cover the cost of the dues amount.

___ I wish to be billed each year for my annual membership dues, in the amount of \$20.00. Annual membership dues run from August 1, through July 31, and are payable by September 1, of each year.

___ I am still employed but wish to support WREP as an Associate member. (My check for \$10 (payable to WREP) is enclosed). My Associate membership entitles me to all benefits provided through WREP.

**Return to:
Wayne Schatz, President WREP
1310 Stonegate Drive
Sheridan, WY 82801**



Visit us online at: www.WREP.info