



# 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**



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