

Today's date _____

Please indicate your retirement system.

OPERS STRS SERS OP&FPF OHPRS

Birth Year _____ Ohio County _____

Retirement Year _____ Phone _____

Email _____

Name _____

Address _____

City _____

State _____ Zip _____

J0325

Protect Ohio Pensions, Inc.

Membership Application

\$350 Lifetime Membership

- OR -

\$35 Membership (for a full 12-month period)

\$ _____ Additional gift

Make check payable to POP5

Please download, print, and complete this form. Then mail it with your check to:

Protect Ohio Pensions
132 Dorchester Square S. Ste 101
Westerville OH 43081

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Membership fees are not tax deductible