

I.C.A.R.E.

IMPERIAL COUNTY ASSOCIATION OF RETIRED EMPLOYEES

P.O. Box 1187, El Centro, CA 92244-1187

We invite you to be a member of the Imperial County Association of Retired Employees (I.C.A.R.E.). As a member of our association, you will also be a member of the California Retired County Employees' Association, without additional payment or dues.

We have decided to band together for the purpose of obtaining a mutual, benevolent and protective association; to promote activities for the retirees on a continuing basis; to foster cooperation and economic well-being, to coordinate legislation and policy affecting retirees with the State of California, the Board of Supervisors, and the Board of Retirement, and to publish information to the members on a continuing basis relating to matters affecting the retirees.

We are represented on the County Board of Retirement by our election of a fellow retired employee to serve on that Board. Additionally, another Association member, designated by our President, sits on the County Insurance Committee.

We have the "ICARE" newsletter for the purpose of keeping you informed of the activities of the association and what is taking place that may directly affect your retirement and/or survivors' benefits.

Although we are not primarily a social organization, we have an Annual "Social Meeting", thus giving our members who can attend an opportunity to visit with old friends and former co-workers. Even if you are unable to attend or take part in our business meetings, you can help us to protect your interests by joining and being a part of our Association. Dues are only \$10.00 per year and can be deducted from your pension check each February. Members will be notified of meeting dates and locations in our newsletter.

WE NEED YOU !!!!

SHOW YOU CARE - - - - JOIN I.C.A.R.E.

Please return this information form and your choice of dues payment to P. O. Box 1187, El Centro, CA 92244.

1. \$10.00 per year deducted from my February pension check
2. \$10.00 per year made by check payable to ICARE
3. \$100.00 Lifetime Membership (one-time payment)
4. I do not wish to join at this time

Name: _____

Mailing _____

(Signature) Date: _____

SEE YOU AT OUR MONTHLY MEETINGS!!

2nd Thursday of every month
12:00 – 1:00 p.m. – Potluck Lunch
1:00 – 2:00 p.m. – Business Meeting