



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.

Return to:
Wayne Schatz, Executive Director
1310 Stonegate Drive Sheridan, WY
82801



Visit us online at: www.WREP.info