

**2018-2019 PRE-RETIRED  
 ENROLLMENT FORM**

COUNTY FOR RETIRED ENROLLMENT					
<b>PSEA ID OR SS#</b>	<b>TITLE</b> <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> DR. <input type="checkbox"/> MS.	<b>LAST NAME</b>	<b>FIRST NAME</b>		<b>M. I.</b>
<b>STREET ADDRESS</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>AREA CODE</b>	<b>HOME NUMBER</b>	<b>AREA CODE</b>	<b>CELL NUMBER</b>	<b>DATE OF BIRTH</b>	
				<b>MONTH</b>	<b>DAY</b>
				<b>YEAR</b>	<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>EMAIL ADDRESS</b>					

PRE-RETIRED EMPLOYMENT CODE	ETHNIC CLASSIFICATION	POLITICAL AFFILIATION
(✓) CHECK ONE ONLY <input type="checkbox"/> 801 ADMINISTRATOR <input type="checkbox"/> 802 CLASSROOM TEACHER <input type="checkbox"/> 803 HIGHER EDUCATION <input type="checkbox"/> 804 PUPIL SERVICES-Other than School Nurse <input type="checkbox"/> 805 DCTS <input type="checkbox"/> 806 SCHOOL NURSE <input type="checkbox"/> 820 ESP <input type="checkbox"/> 850 OTHER	PSEA is committed to assuring the equitable representation of members of ethnic minority groups at all governance levels of the Association. To help achieve this goal, completion of this section is strongly encouraged. Failure to do so, however, will not affect your membership status, rights or benefits in NEA, PSEA, the local or any of their affiliates. Ethnic minority shall mean those persons designated as ethnic minority by U.S. Bureau of Census. <b>This information will be kept confidential.</b>  Please (✓) one: <input type="checkbox"/> 1 AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> 2 ASIAN <input type="checkbox"/> 3 BLACK <input type="checkbox"/> 4 HISPANIC <input type="checkbox"/> 5 CAUCASIAN <input type="checkbox"/> 6 BIRACIAL <input type="checkbox"/> 7 MULTIETHNIC <input type="checkbox"/> 8 NATIVE HAWAIIAN or other PACIFIC ISLANDER	<input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE

**DUES RATES VALID SEPTEMBER 1, 2018 - AUGUST 31, 2019**

(Unified membership consists of Local Retired Life = \$75/ PSEA-Retired Life = \$392/NEA-Retired Life = \$250)

**I would like to join as: (✓) CHECK ONE OPTION ONLY**

- PRE-RETIRED UNIFIED LIFE MEMBER (total dues enclosed \$717)
- PRE-RETIRED UNIFIED LIFE MEMBER (payments split into four installments of \$179.25 over a two-year period; first payment due with enrollment)
- CURRENTLY A PSEA LIFE MEMBER (NO FEE necessary for PSEA-Retired Life)  
Join Local Retired Life and NEA Retired Life (total dues enclosed \$325)

APPROXIMATE DATE OF RETIREMENT \_\_\_\_\_ . (THIS INFORMATION IS REQUIRED TO PROCESS YOUR MEMBERSHIP)

**I UNDERSTAND THAT THIS PAYMENT CONSTITUTES A PAYMENT AND COMMITMENT FOR FUTURE PSEA-RETIRED MEMBERSHIP DUES AND IS NOT REFUNDABLE FOR ANY REASON. I FURTHER UNDERSTAND THAT I MUST PARTICIPATE IN CONTINUOUS UNIFIED MEMBERSHIP AFTER JULY 1, 1969, SO LONG AS I AM ELIGIBLE TO DO SO, OR MY RIGHT TO FUTURE PSEA-RETIRED MEMBERSHIP WILL TERMINATE.**

**Please Select Payment Option:**

- Payment in full**
- Payment Plan** - Payments will automatically be debited to your credit card as described in the plan selected above

Check # \_\_\_\_\_ Amount \_\_\_\_\_  
 or (payable to PSEA-Retired)

Credit Card# \_\_\_\_\_

3 or 4 Digit Security Code \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_

X \_\_\_\_\_

PURCHASER SIGN HERE FOR CREDIT CARD AUTHORIZATION

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

BY PROVIDING MY PHONE NUMBER, I UNDERSTAND THAT THE PENNSYLVANIA STATE EDUCATION ASSOCIATION (PSEA), AND THE LOCAL ASSOCIATION MAY USE AUTOMATED CALLING TECHNIQUES AND/OR TEXT MESSAGE ME ON MY CELLULAR PHONE ON A PERIODIC BASIS. PSEA AND THE LOCAL ASSOCIATION WILL NOT CHARGE FOR TEXT MESSAGE ALERTS. CARRIER MESSAGE AND DATA RATES MAY APPLY. I UNDERSTAND THAT I AM NOT REQUIRED TO AGREE TO AUTOMATED CALLING TECHNIQUES AND/OR TEXT MESSAGES AS A CONDITION OF MEMBERSHIP. IF AT ANY POINT YOU NO LONGER WISH TO RECEIVE TEXT MESSAGES OR CALLS, PLEASE SEND AN EMAIL REQUEST TO [optout@psea.org](mailto:optout@psea.org).

DUES PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES.

**MAIL TO:**

PA STATE EDUCATION ASSOCIATION  
 FINANCIAL MANAGEMENT  
 400 NORTH THIRD STREET, PO BOX 1724  
 HARRISBURG, PA 17105-1724

Signature \_\_\_\_\_

Date \_\_\_\_\_

