

### THE PENNSYLVANIA STATE EDUCATION ASSOCIATION NATIONAL EDUCATION ASSOCIATION 2024-2025 ENROLLMENT FORM

PSE	AID				COUNTY FOR RETIRED ENROLLMENT			A	AREA CODE CELL NUMBER		
		LAST NAME			FIRST NAME MIDDLE		MIDDLE INITIAL	A	AREA CODE HOME NUMBER		
	STREET ADDRESS				CITY				STATE	ZIP CODE	
BIRTHDATE GEND				NDER	EMAIL ADDRESS (Use space below line)						
IF THE INFORMATION BELOW IS MISSING OR INCORRECT, PLEASE USE CHECK BOX TO UPDATE											
POLITICAL AFFILIATION (✓) Check one					RACE/ETHNICITY CLASSIFICATION (✓) Check one						
REPUBLICAN     DEMOCRAT     INDEPENDENT     OTH     NONE					OTHER	Please (✓) one: □ 1 NATIVE AMERICAN/ALASKA NATIVE					
RETIRED EMPLOYMENT CODE (✓) Check only or				y one	<ul> <li>2 ASIAN</li> <li>3 BLACK OR AFRICAN AMERICAN</li> </ul>		□ 6 □ 7	□ 6 BIRACIAL □ 7 MULTIETHNIC			
□ 801 □ 802	CLASSR HIGHER	TRATOR OOM TEACHER	□ 805 □ 806 □ 850	DCTS SCHOO	LNURSE	□ 4 LATIN/O	N/O/A/X, HISPANIC, OR ANO/A/X	□ 8	NATIVE HAV	/AIIAN/PACIFIC	
<b>803</b>		EDUCATION ERVICES- an School Nurse		OTHER		PSEA is committed to assuring the equitable represent governance levels of the Association. To help achieved					
□ 804			□ 820	ESP - SI	- SUPPORT BOOM STATES AND A SUPPORT SU			fect your membership status, rights or benefits in nic minority shall mean those persons designated			

#### Your membership cannot be processed without this required information.

**Date of Retirement** 

. Total Years of Service

. School District Retiring from

Signature

Date

Retired membership shall be open to any person who is at least forty-five (45) years of age or who is eligible to receive a pension from an educational employment retirement system (in-cluding Social Security), and who was employed for at least five (5) years in a position that qualified him or her for Active membership but who is no longer so employed or who retires and returns to either day-to-day or regular full- or part-time educational employment as part of an early retirement agreement with the local school district.

## DUES RATES VALID SEPT. 1, 2024 - AUG. 31, 2025

<b>RETIRED PROFESSIONALS (EA)</b>	RETIRED SUPPORT (ESP)						
I would like to join as: (✓) <u>Check one option only</u>	I would like to join as: (1) <u>Check one option only</u>						
<ul> <li>Unified Annual Member at \$74.</li> <li>Unified Annual Member (5-year commitment with first year of retirement free and annual payment of \$74 charged to your credit card each May beginning in 2025 and ending in 2028).</li> <li>Unified Life Member at \$813.</li> </ul>	Unified Annual Member at \$48.         Unified Annual Member (5-year commitment with first year of retirement free and annual payment of \$48 charged to your credit card each May beginning in 2025 and ending in 2028).         Unified Life Member at \$518.						
Unified Life Member (payment split into four annual payments of \$203.25 charged to your credit card. First payment charged upon receipt of your enrollment and subsequent payments to be charged each May beginning in 2025 and ending in 2027).	Unified Life Member (payment split into four annual payments of \$129.50 charged to your credit card. First payment charged upon receipt of your enrollment and subsequent payments to be charged each May beginning in 2025 and ending in 2027).						
If you are currently a PSEA Active Life Member, other discounts may apply. Call 1-800-944-7732 Ext. 3001 for more information.							

#### **Please Select Payment Option:**

Please Select Pay	ment Option:		DUES PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE			
Payment in full	<b>Payment Plan</b> - Payments will automaticall your credit card as described in the plan selecte		PURPOSES.			
Check #	Amount	_				
or	(payable to PSEA-Retired)					
Credit Card#		MAIL TO:				
3 or 4 Digit Sec	curity Code	PA STATE EDUCATION ASSOCIATIO	ION			
Exp. Date	Amount	FINANCIAL MANAGEMENT 400 NORTH THIRD STREET, PO BOX	X 1724			
x		HARRISBURG, PA 17105-1724				
PURCHASER SIGN HERE FOR	R 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 | UNDERSTAND THAT THE PENNSYLVANIA STATE EDUCATION ASSOCIATION (PSEA) AND THE LOCAL ASSOCIATION BY PROVIDING MY PHONE NUMBER, I UNDERSTAND THAT THE PENNSTUANIAS STATE EDUCATION ASSOCIATION (PSEA), AND THE LOCAL ASSOCIATIO 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

PSEA

# **Retired Membership Options for 2024-2025**

## Unified Membership requires membership in Local Retired, PSEA-Retired and NEA-Retired.

Unified Annual Member - PSEA, NEA, Local

This annual membership is valid September 1, 2024 through August 31, 2025 only. I understand this payment constitutes a payment in full for annual PSEA-Retired membership for the 2024-2025 year, and the payment is not refundable for any reason.

**Unified Annual Member - 5 year commitment** with first year of retirement free. Payment will be charged to your credit card each May beginning in 2025 and ending in 2028. This multi-year annual membership is valid September 1, 2024 through August 31, 2029. The annual rate in place for each year after that will be billed each July 1. I understand by selecting this option I authorize the named financial institution or credit card company to charge my credit account for payment on an annual basis in each of four years as payment in full for annual PSEA-Retired membership through August 31, 2029, and the payments are not refundable and cannot be waived for any reason. I understand that I am responsible for notifying PSEA of the new expiration date when the credit card entered above has been renewed, or of a valid credit card if the card is cancelled or revoked. **This option is available only to those members retiring last year or the current year.** 

### Unified Life Member - PSEA, NEA, Local

This retired life membership beginning September 1, 2024 is valid for retired membership only. I understand this payment constitutes a payment in full for future PSEA-Retired Life membership, and the payment is not refundable for any reason.

**Unified Life Member - four annual payments.** *First* payment will be charged to your credit card upon receipt of your enrollment and subsequent payments will be charged each May beginning in 2025 and ending in 2027. This retired life membership beginning September 1, 2024 is valid for retired membership only. I understand by selecting this option I authorize the named financial institution or credit card company to charge my credit account for payment on an annual basis in each of four years as payment in full for PSEA-Retired Life membership, and the payments are not refundable and cannot be waived for any reason. I understand that I am responsible for notifying PSEA of the new expiration date when the credit card entered above has been renewed, or of a valid credit card if the card is cancelled or revoked.

By selecting the membership option, selecting the payment option, and completing and signing the credit card authorization, on the reverse side, I agree to the terms explained above for the options I selected.