

PSEA ID NUMBER	LOCAL ASSOCIATION NUMBER	COUNTY FOR RETIRED ENROLLMENT	AREA CODE	HOME NUMBER
TITLE	LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTHDATE
STREET ADDRESS		CITY	STATE	ZIP CODE
MEMBERSHIP TYPE	EMAIL ADDRESS (Use space below line)			GENDER

IF THE INFORMATION BELOW IS MISSING OR INCORRECT, PLEASE USE CHECK BOX TO UPDATE

<p>RETIRED EMPLOYMENT CODE (✓) Check only one</p> <p><input type="checkbox"/> 801 ADMINISTRATOR <input type="checkbox"/> 805 VPAAE</p> <p><input type="checkbox"/> 802 CLASSROOM TEACHER <input type="checkbox"/> 806 SCHOOL NURSE</p> <p><input type="checkbox"/> 803 HIGHER EDUCATION <input type="checkbox"/> 820 ESP</p> <p><input type="checkbox"/> 804 PUPIL SERVICES- Other than School Nurse <input type="checkbox"/> 850 OTHER</p>	<p>ETHNIC CLASSIFICATION (✓) Check one</p> <p>Please (✓) one:</p> <p><input type="checkbox"/> 5 CAUCASIAN <input type="checkbox"/> 6 BIRACIAL</p> <p><input type="checkbox"/> 1 AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> 7 MULTIETHNIC</p> <p><input type="checkbox"/> 2 ASIAN <input type="checkbox"/> 8 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</p> <p><input type="checkbox"/> 3 BLACK</p> <p><input type="checkbox"/> 4 HISPANIC</p>
<p>POLITICAL AFFILIATION (✓) Check one</p> <p><input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> INDEPENDENT</p> <p><input type="checkbox"/> NONE</p>	<p>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. This information will be kept confidential.</p>

Date of Retirement _____ . Your membership cannot be processed without this required information.

See reverse side for full explanation of membership options and payment options. Selecting the membership option, selecting the payment option, and completing and signing the credit card authorization, below, is your agreement to the terms of the options selected. Unified membership includes membership in Retired Local, PSEA-Retired and NEA-Retired

I would like to join as: (✓) Check one option only

- _____ Unified Annual Member at \$54.
- _____ Unified Annual Member (5-year commitment with first year free and annual payment of \$54 charged to your credit card each May beginning in 2012 and ending in 2015).
- _____ Unified Life Member at \$607.00
- _____ Unified Life Member (payment split into four annual payments of \$151.75 charged to your credit card each May beginning in 2011 and ending in 2014)

If you are currently a PSEA Active Life Member, other discounts may apply. Call 1-800-944-7732 Ext. 31 for more information.

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.

DUES PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. DUES PAYMENTS MAY BE DEDUCTIBLE AS A MISCELLANEOUS ITEMIZED DEDUCTION.

I UNDERSTAND THAT OF THE TOTAL PSEA DUES, \$4.50 IS FOR A ONE YEAR SUBSCRIPTION TO THE VOICE.

MAIL TO:

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

Signature _____

Date _____



Retired Membership Options for 2011-2012

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

Unified Annual Member - Local Retired = \$5/PSEA-Retired = \$24/NEA-Retired = \$25

Total dues is \$54. This annual membership is valid September 1, 2011 through August 31, 2012 only. I understand this payment constitutes a payment in full for annual PSEA-Retired membership for the 2011-2012 year, and that the payment is not refundable for any reason.

Unified Annual Member - 5 year commitment with first year free. Payment of \$54 will be charged to your credit card each May beginning in 2012 and ending in 2015. This multi-year annual membership is valid September 1, 2011 through August 31, 2016. The annual rate in place for each year after that will be billed each June 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, 2016, and that 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.

Unified Life Member - Local Retired = \$50/PSEA-Retired = \$357/NEA-Retired = \$200

Total dues is \$607.00. This retired life membership beginning September 1, 2011 is valid for retired membership only. I understand this payment constitutes a payment in full for future PSEA-Retired Life membership, and that the payment is not refundable for any reason.

Unified Life Member - four annual payments. Payment of \$151.75 will be charged to your credit card each May beginning in 2011 and ending in 2014. This retired life membership beginning September 1, 2011 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 that 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.