

**2011-2012 PRE-RETIRED  
 ENROLLMENT FORM**

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

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 VPAE <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"/> 5 CAUCASIAN <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"/> 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"/> NONE

**I would like to join as: (✓) CHECK ONE OPTION ONLY**  
**In order to join as a pre-retired member, you must join as a life member:**

- PRE-RETIRED UNIFIED LIFE MEMBER  
 (LOCAL = \$50/PSEA-Retired = \$357/NEA-Retired = \$200)  
**TOTAL DUES ENCLOSED IS \$607**
- Currently a PSEA Life Member (NO FEE necessary for PSEA-Retired Life)  
 Would like to join:  
 Local Retired & NEA-Retired Life  
**TOTAL DUES ENCLOSED is \$250**

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

**I UNDERSTAND THAT THIS PAYMENT CONSTITUTES A PAYMENT IN FULL FOR FUTURE PSEA-RETIRED MEMBERSHIP AND IS NOT REFUNDABLE FOR ANY REASON. I FURTHER UNDERSTAND THAT I MUST PARTICIPATE IN 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 Type of Payment:**

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 OR STATE 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 ST., PO BOX 1724  
 HARRISBURG, PA 17105-1724

Signature \_\_\_\_\_  
 Date \_\_\_\_\_