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|----------------|--------|--------------------------------------|----------------|-----------|-------------|
| | | COUNTY FOR RETIRED ENROLLMENT | | AREA CODE | CELL NUMBER |
| LAST NAME | | FIRST NAME | MIDDLE INITIAL | AREA CODE | HOME NUMBER |
| STREET ADDRESS | | CITY | | STATE | ZIP CODE |
| BIRTHDATE | GENDER | EMAIL ADDRESS (Use space below line) | | | |

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

| | |
|--|--|
| RETIRED EMPLOYMENT CODE (✓) Check only one | ETHNIC CLASSIFICATION (✓) Check one |
| <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 | 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 |
| POLITICAL AFFILIATION (✓) Check one | 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. |
| <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE | |

Your membership cannot be processed without this required information.

Date of Retirement _____ . **Years of Service** ____ . **School District Retiring from** _____ .

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 and is not refundable for any reason.

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

DUES RATES VALID SEPT. 1, 2019 - AUG. 31, 2020

- _____ Unified Annual Member at \$72.
- _____ Unified Annual Member (5-year commitment with first year of retirement free and annual payment of \$72 charged to your credit card each May beginning in 2020 and ending in 2023).
- _____ Unified Life Member at \$774.
- _____ Unified Life Member (payment split into four annual payments of \$193.50 charged to your credit card. First payment charged upon receipt of your enrollment and subsequent payments to be charged each May beginning in 2020 and ending in 2022).

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:

- 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.

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 _____

Retired Membership Options for 2019-2020

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

Unified Annual Member - Local Retired = \$10/PSEA-Retired = \$27/NEA-Retired = \$35
Total dues are \$72. This annual membership is valid September 1, 2019 through August 31, 2020 only. I understand this payment constitutes a payment in full for annual PSEA-Retired membership for the 2019-2020 year, and the payment is not refundable for any reason.

Unified Annual Member - 5 year commitment with first year of retirement free. Payment of \$72 will be charged to your credit card each May beginning in 2020 and ending in 2023. This multi-year annual membership is valid September 1, 2019 through August 31, 2024. 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, 2024, 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 - Local Retired = \$75/PSEA-Retired = \$399/NEA-Retired = \$300
Total dues are \$774. This retired life membership beginning September 1, 2019 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 of \$193.50 will be charged to your credit card upon receipt of your enrollment and subsequent payments will be charged each May beginning in 2020 and ending in 2022. This retired life membership beginning September 1, 2019 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.