

PSEA ID			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

POLITICAL AFFILIATION (✓) Check one		RACE/ETHNICITY CLASSIFICATION (✓) Check one	
<input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE		Please (✓) one: <input type="checkbox"/> 1 NATIVE AMERICAN/ALASKA NATIVE <input type="checkbox"/> 5 WHITE <input type="checkbox"/> 2 ASIAN <input type="checkbox"/> 6 BIRACIAL <input type="checkbox"/> 3 BLACK OR AFRICAN AMERICAN <input type="checkbox"/> 7 MULTIETHNIC <input type="checkbox"/> 4 LATIN/O/A/X, HISPANIC, OR CHICANO/A/X <input type="checkbox"/> 8 NATIVE HAWAIIAN/PACIFIC ISLANDER	
RETIRED EMPLOYMENT CODE (✓) Check only one <input type="checkbox"/> 801 ADMINISTRATOR <input type="checkbox"/> 805 DCTS <input type="checkbox"/> 802 CLASSROOM TEACHER <input type="checkbox"/> 806 SCHOOL NURSE <input type="checkbox"/> 803 HIGHER EDUCATION <input type="checkbox"/> 850 OTHER <input type="checkbox"/> 804 PUPIL SERVICES- Other than School Nurse <input type="checkbox"/> 820 ESP - SUPPORT		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.	

Your membership cannot be processed without this required information.

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

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 (including 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, 2025 - AUG. 31, 2026

RETIRED PROFESSIONALS (EA) I would like to join as: (✓) Check one option only _____ Unified Annual Member at \$75. _____ Unified Annual Member (5-year commitment with first year of retirement free and annual payment of \$75 charged to your credit card each May beginning in 2026 and ending in 2029). _____ Unified Life Member at \$824. _____ Unified Life Member (payment split into four annual payments of \$206 charged to your credit card. First payment charged upon receipt of your enrollment and subsequent payments to be charged each May beginning in 2026 and ending in 2028).	RETIRED SUPPORT (ESP) I would like to join as: (✓) Check one option only _____ Unified Annual Member at \$49. _____ Unified Annual Member (5-year commitment with first year of retirement free and annual payment of \$49 charged to your credit card each May beginning in 2026 and ending in 2029). _____ Unified Life Member at \$524. _____ Unified Life Member (payment split into four annual payments of \$131 charged to your credit card. First payment charged upon receipt of your enrollment and subsequent payments to be charged each May beginning in 2026 and ending in 2028).
---	--

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 _____

PLEASE COPY FOR YOUR RECORDS

Retired Membership Options for 2025-2026

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, 2025 through August 31, 2026 only.

I understand this payment constitutes a payment in full for annual PSEA-Retired membership for the 2025-2026 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 2026 and ending in 2029. This multi-year annual membership is valid September 1, 2025 through August 31, 2030. 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, 2030, 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, 2025 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 2026 and ending in 2028. This retired life membership beginning September 1, 2025 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.