

2025-2026 PRE-RETIRED ENROLLMENT FORM

COUNTY FOR RETIRED ENROLLMENT			
PSEA ID	LAST NAME		FIRST NAME
STREET ADDRESS		CITY	STATE
ZIP CODE			
AREA CODE	HOME NUMBER	AREA CODE	CELL NUMBER
DATE OF BIRTH		GENDER	
MONTH		DAY	
YEAR			
EMAIL ADDRESS			

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

DUES RATES VALID SEPTEMBER 1, 2025 - AUGUST 31, 2026

<p>RETIRING PROFESSIONALS (EA)</p> <p>I would like to join as: (✓) <u>CHECK ONE OPTION ONLY</u></p> <p><input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (total dues enclosed \$824)</p> <p><input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (payments split into four installments of \$206 over a two-year period; first payment due with enrollment)</p> <p><input type="checkbox"/> CURRENTLY A PSEA LIFE MEMBER (NO FEE necessary for PSEA-Retired Life) Join Local Retired Life and NEA Retired Life (total dues enclosed \$375)</p>	<p>RETIRING SUPPORT (ESP)</p> <p>I would like to join as: (✓) <u>CHECK ONE OPTION ONLY</u></p> <p><input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (total dues enclosed \$524)</p> <p><input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (payments split into four installments of \$131 over a two-year period; first payment due with enrollment)</p> <p><input type="checkbox"/> CURRENTLY A PSEA LIFE MEMBER (NO FEE necessary for PSEA-Retired Life) Join Local Retired Life and NEA Retired Life (total dues enclosed \$255)</p>
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SCHOOL DISTRICT CURRENTLY WORKING WITH _____

YEARS EMPLOYED _____ APPROXIMATE DATE OF RETIREMENT _____

(THIS INFORMATION IS REQUIRED TO PROCESS YOUR MEMBERSHIP.)

I UNDERSTAND THAT THIS PAYMENT CONSTITUTES A PAYMENT AND COMMITMENT FOR FUTURE PSEA-RETIRED MEMBERSHIP DUES AND IS NOT REFUNDABLE FOR ANY REASON. I FURTHER UNDERSTAND THAT I MUST PARTICIPATE IN CONTINUOUS 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 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 _____
(payable to PSEA-Retired)

or

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