

Missouri NEA/NEA/MNEA-Retired Membership Enrollment Form

Have you ever been an MNEA member?

YES NO

If yes, what is your membership ID: _____

What Local did you retire from? _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Home Phone _____

Home Email _____

Date of Birth _____ Male Female

Preferred phone: Cell Home

Select Membership Type and Payment Option

- Certified Life Retired
 - One-time Payment - \$500.00
 - 10 Monthly Payments
 - 20 Monthly Payments
- ESP Life Retired
 - One-time Payment - \$380.00
 - 10 Monthly Payments
 - 20 Monthly Payments
- Certified Pre-Retired
 - One-time Payment - \$500.00
 - 10 Monthly Payments
 - 20 Monthly Payments
- ESP Pre-Retired
 - One-time Payment - \$380.00
 - 10 Monthly Payments
 - 20 Monthly Payments
- Certified Annual
 - One-time Payment - \$75.00
- ESP Annual
 - One-time Payment - \$61.00

CAREFULLY READ THEN SIGN AND DATE.

Local and State Legislative/Political Action Fund: These funds are used to support pro-public education candidates, pass local levy/bond issues, and support school board candidates endorsed by your local affiliate. In signing, I hereby agree to a voluntary continuous contribution of \$1 per month. To adjust the recommended amount up or down, I must write a different amount here \$_____ per month. (Read more on back.)

METHOD OF PAYMENT

Bank Draft Credit Card Check (Paid in Full)

BANK DRAFT AUTHORIZATION

Attach a voided check or complete form below.



I (we) hereby authorize Missouri NEA to initiate debit entries to my (our) account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by Missouri NEA.

Bank Name _____ Bank Address _____
 City _____ State _____ Zip _____
 Bank Transit Number (first set of numbers) :| _____ :| Account Number :| _____ ||

This authorization is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to his account by BANK up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever occurs first.

Name (as it appears on the account) _____

Signed _____ Date _____

The payment amount will be charged to your checking account. You will be mailed a payment schedule that details the deduction amount and payment dates. Starting date will be after Sept. 1, and your local association will determine the payment date and number of payments.

CREDIT CARD AUTHORIZATION (NO DEBIT CARDS)

Name (as it appears on card) _____
 Credit Card Number _____ Pay in Full
 Exp. Date (MM/YYYY) ____ / ____ CSC (last 3 numbers on back) _____ Monthly Payments

Member Signature _____

Date _____

Explanations

Local and State Legislative/Political Action Fund

MNEA collects voluntary contributions from members to be used in supporting or opposing local and state policy issues, local bond/levy elections, school board election activity and candidates identified through member screening committees as friends of public education. \$1 per month is a recommended. Many members choose to give more; however, state law requires MNEA to report to the Ethics Commission the name and mailing address of any individual whose contributions aggregated in excess of \$100. You may adjust this voluntary continuous contribution up or down by writing a different amount in the blank space provided on this form.

Payment Information

If your full dues are not paid within the stated time (10 or 20 months), my membership will be terminated, and any amount paid will be forfeited and not subject to refund or credit for future retired membership. If this form is received after September 30th, I understand my number of monthly payments will be adjusted accordingly.

10 Monthly Payments	
Certified Retired Life or Pre-Retired	10 payments of \$50 (October – July)
ESP Retired Life or Pre-Retired	10 payments of \$38 (October-July)
20 Monthly Payments	
Certified Retired Life or Pre-Retired	1 st year – 10 payments of \$30 (October – July) 2 nd year – 10 payments of \$20 (October – July)
ESP Retired Life or Pre-Retired	1 st year – 10 payments of \$18 (October – July) 2 nd year – 10 payments of \$20 (October – July)

Cell Phone

You can opt out of receiving occasional cell phone alerts/texts from your local, state or national NEA affiliate by contacting Missouri NEA at 1-800-392-0236.

Return this form to your regional representative or mail to:
Missouri NEA-Retired, 1810 East Elm Street, Jefferson City, MO 65101-4174

Retired membership allows you to:

- Stay informed and proactive on MNEA and NEA political and legislative efforts to protect your retirement benefits (PSRS/PEERS and social security) and other retired issues. Be a part of the organization that has a proven record of working effectively statewide and nationally in behalf of its members.
- Continue your \$4 million employment liability coverage if you substitute at school (up to 550 hours).
- Receive two 30-minute sessions each year, and a 30 percent discount on personal legal assistance on wills and estate planning, real estate, consumer protection, domestic relations and traffic violations.
- Access group discounts and valuable benefits on auto, home, life, dental, long-term care and Medicare supplemental insurance; on loans, credit cards, travel and hotels; wireless phone plans; local and nationwide dining and shopping opportunities, and on thousands of everyday purchases.

Dues payments and PAC contributions are not tax deductible as charitable contributions.