

# **Missouri NEA-Retired**

# Membership Application

## Local, State <u>and</u> National Representation

Name – please print clearly			Date		
Address	Apt. # City	State	Zip		
NEA ID Number:	or SSN:	Cell phone (	_)		
From what School District did/will	, ,	•			
Personal Email Address:					
I want to join Missouri NEA-Ret	ired as:				
Retired Life Pro	e-Retired Life Member	ship Total Cost \$50	0 (circle one below)		
One-time payment	*10 monthly payments - \$50.00 (year 1)				
*20 monthly payments:	10 monthly paym	ents - \$30.00 (year 1)			
	10 monthly payme	ents - \$20.00 (year 2)			
Note: Monthly pay	ments process Octobe	r 5th through July 5th e	each year.		
Annual membership - \$75 full each year by September 1. The best			renew and must be paid in		
Local and State Legislative/Pol contribution of \$12. To adjust the Please add the amou	amount up or down I	must write a different a	amount here \$		
* I understand that if my full du membership will be terminated, or credit for future retired mem	and any amount paid				
* I understand that year one (10 number of payments remaining			•		
Signature Required:		Date:			

### **Select Payment Option**



Check (payment in full enclosed)				
Credit Card (choose one - no debit cards)	Visa	MasterCard	Discover	
Card Number			Exp. Date	
Name on Card			CSC (last 3 digits on back)	
EFT (Bank draft) - Please note that EFT p	payments m	ay take up to 5 days to	process.	
I (we) hereby authorize Missouri NEA to initiate ent hereinafter called BANK, to debit the same to such made by Missouri NEA.				
Bank name (Please print clearly)				
Street/P.O. BOX	City		State	Zip
Bank Routing number	Ba	nk Account number		
This authorization is to remain in full force and effectits termination in such time and in such manner as right to stop payment of a debit entry by notification customer has the right to have the amount of the effiteen (15) days following issuance of statement of	to afford BA to BANK po rroneous de	NK a reasonable opportion to charging accourtions to the charging accourtion bit immediately credited.	ortunity to act on it. at. After account ha ed to his/her accou	A customer has the as been charged, a nt by BANK up to
Name as it appears on account			Las	st 4 of SSN
Signature			Da	te

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 <u>and</u> 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.