

Membership Enrollment Form



North Carolina Retired School Personnel
 (800) 662-7924 x243
www.ncrsp.org

Please fill out all five sections of this form

1. Member Status

Local County: _____
**Your local unit preference, if a new member*
 New Member
 Renewing (Past NCRSP Member)

2. Member Information

Name	Last:	First:	Middle Initial:
Street Address			
City, State	Zip	Last 4 Digits of SSN	
Home Phone () -	Email		
Cell Phone () -	Gender (check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth MM: DD: YYYY:	Retirement Date	MM: DD: YYYY:	
Ethnic Identity (check one)	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Black	<input type="checkbox"/> Multi-ethnic
	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
	<input type="checkbox"/> White (not Hispanic)	<input type="checkbox"/> Hispanic	

3. Annual Membership Dues Amount

Check **one** box below; the membership year runs July 1 – June 30.

- \$81.00/yr.** (I already have an NEA-Retired life membership)
 \$81.00/yr. (I want to buy an NEA-Retired life membership now; a \$250.00 check payable to NCAE, is attached. **Total check amount: \$331.00 for life membership + annual dues**)
 \$116.00/yr. (I want to pay the regular membership dues.)

Please check here if you wish to receive your *Panorama* newsletter by email, rather than by mail.

4. Choose Payment Method: Checks: made payable to NCAE

<input type="checkbox"/> I want to pay via bank draft from my checking account: <input type="checkbox"/> Annual Deduction (September)** OR <input type="checkbox"/> 10 Monthly Deductions (September – June) <p style="color: red; font-weight: bold;">Please attach a voided check here.</p> <p style="color: red; font-weight: bold;">If purchasing an NEA-Retired life membership, you can also include that amount to monthly draft.</p>	OR	<input type="checkbox"/> I want to pay via credit card (Visa/MC/Discover) <input type="checkbox"/> Annual Deduction (September)** OR <input type="checkbox"/> 10 Monthly Deductions (September – June) Name On Card: _____ Credit Card Number: _____ Expiration Date (MM/YY): ____ / ____ Credit Card Security Code: _____
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5. Member's signature: _____ Date: _____

I hereby authorize NCAE/NCRSP to collect my membership dues in accordance with the pay method I have selected above. This deduction will automatically renew each membership year. I understand that (a) I may revoke this collection by sending a written request to the NCRSP state office, and (b) dues are not refundable.

Please return the completed form to: **NCRSP Attn: Membership, 700 S. Salisbury St., Raleigh, NC 27601**