



Missouri NEA-Retired
Membership Application 2019-20
Local, State and National Representation

Name - please print clearly Date
Address Apt. # City State Zip
NEA ID Number: or SSN: Home phone ()
From what School District did/will you retire? Retirement Date
Personal Email Address:

I want to join Missouri NEA-Retired as:

Retired Life Pre-Retired Life Membership Total Cost \$500 (circle one below)

One-time payment 10 monthly payments 20 monthly payments

*10 monthly payments of \$50.00 *20 monthly payments - \$30.00 year 1 \$20.00 year 2

Note: Monthly payments are processed October 5th thru July 5th.

Annual membership - \$75 per year (Annual membership do not automatically renew and must be paid in full each year by September 1. The best bargain is life membership!)

Local and State Legislative/Political Fund (PAC): Yes, I hereby agree to pay my voluntary contribution of \$12 annually. I can adjust the amount up or down by writing a different amount here \$.

* I understand that if my 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.

Monthly payments process 10/5 through 7/5 each year. Forms must be received by September 15 to start payments in October.

Call Tracy Flaherty at 314-584-1305 for payment instructions if submitting after September 15.

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 payments may take up to 5 days to process.

I (we) hereby authorize Missouri NEA to initiate 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 (Please print clearly)

Street/P.O. BOX City State Zip

Bank Routing number _____ Bank 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/her 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 account Last 4 of SSN

Signature Date

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.
Dues payments may be tax deductible as a miscellaneous deduction.*