

**2023-2024 PRE-RETIRED
ENROLLMENT FORM**

COUNTY FOR RETIRED ENROLLMENT						
PSEA ID OR SS#	LAST NAME		FIRST NAME	M. I.		
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 (✓) CHECK ONE ONLY <input type="checkbox"/> 801 ADMINISTRATOR <input type="checkbox"/> 802 CLASSROOM TEACHER <input type="checkbox"/> 803 HIGHER EDUCATION <input type="checkbox"/> 804 PUPIL SERVICES-Other than School Nurse <input type="checkbox"/> 805 DCTS <input type="checkbox"/> 806 SCHOOL NURSE <input type="checkbox"/> 850 OTHER <input type="checkbox"/> 820 ESP - SUPPORT	ETHNIC CLASSIFICATION 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. Please (✓) one: <input type="checkbox"/> 5 CAUCASIAN <input type="checkbox"/> 1 AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> 2 ASIAN <input type="checkbox"/> 3 BLACK <input type="checkbox"/> 4 HISPANIC <input type="checkbox"/> 6 BIRACIAL <input type="checkbox"/> 7 MULTIETHNIC <input type="checkbox"/> 8 NATIVE HAWAIIAN or other PACIFIC ISLANDER	POLITICAL AFFILIATION <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE
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DUES RATES VALID SEPTEMBER 1, 2023 - AUGUST 31, 2024

RETIRING PROFESSIONALS (EA)	RETIRING SUPPORT (ESP)
I would like to join as: (✓) CHECK ONE OPTION ONLY (Unified membership consists of Local Retired Life = \$75/ PSEA-Retired Life = \$423/NEA-Retired Life = \$300) <input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (total dues enclosed \$798) <input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (payments split into four installments of \$199.50 over a two-year period; first payment due with enrollment) <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)	I would like to join as: (✓) CHECK ONE OPTION ONLY (Unified membership consists of Local Retired Life = \$75/ PSEA-Retired Life = \$254/NEA-Retired Life = \$180) <input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (total dues enclosed \$509) <input type="checkbox"/> PRE-RETIRED UNIFIED LIFE MEMBER (payments split into four installments of \$127.25 over a two-year period; first payment due with enrollment) <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)

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: <input type="checkbox"/> Payment in full <input type="checkbox"/> 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. <small>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.</small>	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
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