



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

Name – please print clearly _____ Date _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

NEA ID Number: _____ or SSN: _____ (last 4 digits) Cell 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 - \$50.00 (year 1)* 10 monthly payments - \$30.00 (year 1)*
10 monthly payments - \$20.00 (year 2)**

Note: Monthly payments process October 5th through July 5th each year.

_____ 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 Action Fund (PAC): In signing, I hereby agree to a voluntary contribution of \$12. To adjust the amount up or down I must write 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.**

*** I understand that year one (10) monthly payments will be automatically adjusted by the number of payments remaining in year one (1) for applications received after September 30th.**

Signature Required: _____ Date: _____

