

# Membership Enrollment Form



North Carolina Retired School Personnel  
(800) 662-7924 x243

[www.ncrsp.org](http://www.ncrsp.org)

**Please fill out all 5 sections of this form**

## 1. Member Status

Local County: \_\_\_\_\_

*\*Your local unit preference, if a new member*

New 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

I want to pay via bank draft from my checking account:

Annual Deduction (September)\*\* OR  10 Monthly Deductions (September – June)

**Please attach a voided check here.**

*If purchasing an NEA-Retired life membership, you can also include that amount to monthly draft.*

OR

I want to pay via credit card (Visa/MC/Discover)

Annual Deduction (September)\*\* OR  10 Monthly Deductions (September – June)

Name On Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_ / \_\_\_\_ Credit Card Security Code: \_\_\_\_\_

## 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**

REFERRED BY: \_\_\_\_\_