

For Membership Year: \_\_\_\_ 11/12; \_\_\_\_ 12/13; \_\_\_\_ 13/14; \_\_\_\_ 14/15  
**THE SCEA-RETIRED MEMBERSHIP APPLICATION**

National Education Association-Retired  
 The South Carolina Education Association-Retired  
 421 Zimalcrest Drive • Columbia, SC 29210  
 803-551-4150 or 803-551-4158 1-800-422-7232, Ext. 4150 or 4158

Please Print All Information – Mail Application to: <b>The SCEA-Retired, 421, Zimalcrest, Dr., Columbia, SC 29210</b>	
Social Security Number: _____	Home Phone Number: ( ____ ) _____
Name: _____	County Retired Association: _____
Address: _____	E-mail: _____
City _____ State _____ Zip _____	Date of Retirement: ____ / ____ / ____ MM DD YYYY
Date of Birth: ____ / ____ / ____ MM DD YYYY	Were you a member last year: Yes ____ No ____
Ethnicity _____	Gender _____

Membership is open to those who agree to support the purposes and programs of the Association. *Any person who is at least forty-five years of age or who is eligible to receive a pension from an education employment retirement system (including social security) and who was employed for at least five (5) years in a position that qualified him or her for Active membership but who is no longer employed may join.*  
Pre-Retired Life membership: Join while still employed to lock in the onetime low rate and receive NEA-Retired/The SCEA-Retired Lifetime benefits. Should hold Active membership in both NEA and The SCEA.  
 Life dues are paid only once. The membership year begins September 1 of each year.

**Membership is unified—Join three associations. The SCEA-Retired, NEA-Retired, & Local Retired**

- \_\_\_\_ RT 8-0 NEA-R/The SCEA-R Annual . . . . . Dues Amount \$45.00 \_\_\_\_\_
- \_\_\_\_ RT 7-7 NEA-R/The SCEA-R Life . . . . . Dues Amount \$400.00 \_\_\_\_\_
- \_\_\_\_ RT 9-7 NEAR/The SCEA-R Pre-Retired Life . . . Dues Amount \$400.00 \_\_\_\_\_

LOCAL: Contact your County Retired Association for membership information or call The SCEA-R office for contact information.

**PAYMENT OPTIONS**

**Annual Membership** (Enclose payment in full)

- Cash (Check or Money Order in Full)

**Annual or Life Membership (Credit Card)**

- Join on Line: [nea.org](http://nea.org) Click on **Join NEA** and follow directions for Retired)

**Life Membership**

- Cash (Personal Check/Money Order)
- SC/Easy Pay System/Electronic Funds Transfer (EFT) Authorization Agreement

Sign me up on The SCEA-Retired Easy Pay Plan. **ATTACHED IS A VOIDED PERSONAL CHECK** from my checking account from which I request and authorize The SCEA-R to make [write in number of deduction(s) (Maximum of twelve-12)] \_\_\_\_\_ equal deduction(s) from my checking account **(ALL EFT DRAFTS MAY OCCUR SEPTEMBER THROUGH AUGUST.)**

Draft my account beginning in the month of \_\_\_\_\_ through the month of \_\_\_\_\_ for the Life Membership indicated.

I hereby authorize The SCEA-R to initiate debit entries to my checking account indicated below and the bank named below, hereinafter called **BANK**, to debit the same to such account. I will not hold my **BANK** liable for any erroneous debits made by The SCEA-Retired. This authorization is to remain in full force and effect until **BANK** has received notification from me 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 the account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to their account by **BANK** up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever comes first.

Bank Name \_\_\_\_\_ Transit No. \_\_\_\_\_ Account No. \_\_\_\_\_

**APPLICATION MUST BE SIGNED: Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_**