



Retired Lifetime Membership Enrollment Form - ESP

Dr. Miss Mr. Mrs. Ms. (Circle One)
Full Name
Date of Birth* Ethnicity* Gender* Last 4 SSN
Address
City State Zip
Cell Phone Home Phone
Personal E-Mail Address

PAY METHOD (Check preferred method and complete applicable block)
Cash, Check or Money Order \$330.00 Full Amount
Electronic Bank Draft per month (Occurs the last business day of each month unless falls on a weekend or holiday) **
Cr Credit Card \$330.00 Full Amount
Re Recurring Credit/Debit Card per month (Occurs the last business day of each month unless falls on a weekend or holiday)**

Credit Card/ Recurring Credit Card Authorization Visa MasterCard Discover (Circle One)
Name (as it appears on card)
Address Associated with card
Credit Card Number Expiration Date
Security Code (Three-digit number on back of card)

Electronic Bank Draft
Routing Number Account Number

*Date of birth and ethnicity are optional and not a requirement of membership.
** Monthly amount increase based on enrollment date.
NEA, GAE, and local association membership dues are not deductible as charitable contributions.
• Membership Commitment: I want to join with my fellow employees and become a member of the local association if applicable, the Georgia Association of Educators, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.
• By providing my cell phone number, I understand that the GAE and its affiliates, including the NEA, may use it for text message alerts. Carrier message and data rates may apply to such alerts. NOTE - Individuals may revoke this consent at any time, and their revocation must be honored. Violations carry penalties enforced by FCC.
• Annual Payment Authorization: I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services provided. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or other arrangement unless I revoke this authorization only by written notification to GAE, my local association and employer (if applicable) between September 1 and September 30 of each year.

Member Signature Date

Association Representative (Optional) Date