



Retired Lifetime Membership Enrollment Form

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 **\$450.00** Full Amount

Electronic Bank Draft \_\_\_\_\_ per month (Occurs the last business day of each month unless falls on a weekend or holiday) \*\*

Credit Card \$450.00 Full Amount

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 \_\_\_\_\_