



**North Carolina Retired School Personnel**  
 700 S. Salisbury Street | Raleigh, NC | 27611  
 Ph. 800.662.7924 | Fax 919.829.1626  
 www.NCRSP.org

## PAYROLL MEMBERSHIP DUES NOTICE

Welcome Education Retiree! Please use this form to join NCRSP, the Retired Division of NCAE. NCRSP is a non-profit organization dedicated solely to working on behalf of retired education personnel. Benefits of membership include \$7500 Accidental Death and Dismemberment insurance; Hearing and Vision Discount Plans; Member Discount Card; newsletters/alerts; lobbyists; local, district & state meetings and leadership opportunities.

**Note: Joining NCRSP allows you to purchase and maintain your NEA Insurance(s) including the NEW NEA Dental and Vision Programs.**

Please fill out completely

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Retirement date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 County you wish to join: \_\_\_\_\_ Email: \_\_\_\_\_

Annual membership dues are \$106/year, or \$81/year (with the purchase of NEA Retired Life).  
 Membership year is July 1 – June 30.

**Dues Amount** (Check only **one** box below)

- \$6.75/month** (I already have an NEA-Retired life membership.)
- \$6.75/month** (I am purchasing an NEA-Retired life membership and have included a check for \$200 payable to NCAE.)\*\*\*
- \$8.83/month** (I want to pay the regular membership dues.)

**For State Office Use Only**

Date Received: \_\_\_\_\_  
 NEA Check# \_\_\_\_\_  
 Date Processed: \_\_\_\_\_  
 Deduction Start Date: \_\_\_\_\_

**Authorization Agreement**

I hereby authorize the NC Retirement System to deduct from my monthly retirement payment the amount of dues indicated above. This deduction will automatically renew each membership year. I understand that I may revoke this dues deduction by sending a written request to the NCRSP state office and that dues are not refundable.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:

NCRSP Attn: Membership  
 700 S. Salisbury St. Raleigh, NC 27611

\*\*\* If purchasing an NEA-Retired Life membership, please include your check for \$200 to NCAE. \*\*\*