



Member Information

<input type="checkbox"/> New Member		<input type="checkbox"/> Renewing Member	
*If New, Local County Preference:		Current Local County:	
Name:		First	Middle
			Last
Street Address/Apt #		City	State
			Zip
Date of Birth	Gender	Last 4 of SS Number	Retirement Date
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /
Home Phone	Cell Phone	Email Address	
- -	- -		
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	

Membership Type (Please check ONE box)	Dues Amount												
<input type="checkbox"/> I want to purchase a NEA-R Lifetime Membership <u>only</u>	\$ 300 One-time payment												
<input type="checkbox"/> I am already a NEA-R Lifetime Member	\$109.00/yr.												
<input type="checkbox"/> I want to purchase a NEA-R Lifetime Membership & Join NCRSP	<table border="0"> <tr> <td>\$300</td> <td>+</td> <td>Total Dues:</td> </tr> <tr> <td>One-time payment</td> <td></td> <td>\$444</td> </tr> <tr> <td>NEA-R</td> <td>\$109.00/yr.</td> <td>(one-time payment)</td> </tr> <tr> <td>Lifetime</td> <td></td> <td></td> </tr> </table>	\$300	+	Total Dues:	One-time payment		\$444	NEA-R	\$109.00/yr.	(one-time payment)	Lifetime		
\$300	+	Total Dues:											
One-time payment		\$444											
NEA-R	\$109.00/yr.	(one-time payment)											
Lifetime													
<input type="checkbox"/> I want to purchase an NCRSP membership <u>only</u>	\$ 144.00/yr.												

Check here to receive the PANAORAMA by US Mail.
 *Be sure to provide your current email address.

Select Method of Payment: <input type="checkbox"/> Annual <input type="checkbox"/> 10 Months (Sept – June)		To Pay by Check *All checks made payable to: NCAE
E-Dues/Bank Draft Attach VOIDED Check Select draft date: <input type="checkbox"/> 2 nd /mo. <input type="checkbox"/> 25 th /mo.	Credit Card Circle One (Visa / Master / Discover) Name on Card: _____ Card Number: _____ Exp: _____ CVV: _____ Draft date: 2 nd /month <input type="checkbox"/> Payroll * Submit Full SS# for Payroll Deductions •12 months (Sept - Aug)	

Referred by: _____ **Member Local:** _____

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.

Return the completed form to: NCRSP Attn: Membership, 3700 Glenwood Ave., Ste. 510, Raleigh, NC 27612