North Carolina Retired School Personnel  
 (800) 662-7924 x243  
 [*www.ncrsp.org*](http://www.ncrsp.org)

**Membership Enrollment Form**



*Please fill out all 5 sections of this form*

1. Member Status

Local Unit\*:

\*Y*our local unit preference, if a new member*

🞎 New Member

🞎 Renewing (Past NCRSP Member)

2. Member Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | *Last:* *First:* *Middle Initial:* | | | | | | | |
| Street Address |  | | | | | | | |
| City, State |  | | Zip |  | Last 4 Digits of SSN | | |  |
| Home Phone | ( ) - | | Email |  | | | | |
| Cell Phone | ( ) - | | Gender *(check one)* | | | 🞎 Male 🞎 Female | | |
| Date of Birth | *MM:* *DD:* *YYYY:* | | Retirement Date | | | *MM: DD: YYYY:* | | |
| Ethnic Identity *(check one)* | | 🞎 American Indian / Alaska Native | 🞎 Black | | | 🞎 Multi-ethnic | | |
|  | | 🞎 Native Hawaiian / Pacific Islander | 🞎 Asian | | | 🞎 Other | | |
| 🞎 White (not Hispanic) | 🞎 Hispanic | | | |  | |

3. Annual Membership Dues Amount

*Check* ***one*** *box below; the membership year runs July 1 – June 30.*

🞎 **$81.00/yr.** *(I already have an NEA-Retired life membership)*

🞎 **$81.00/yr.** *(I want to buy an NEA-Retired life membership now;*

*a $250.00 check payable to NCAE, is attached.* ***Total check amount $331.00 for annual dues + life membership****)*

🞎 **$111.00/yr.** *(I want to pay the regular membership dues.)*

4. Choose Payment Method: **Checks made payable to NCAE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞎 I want to pay via bank draft from my checking account: | OR | 🞎 I want to pay via credit card (Visa/MC/Discover) | | |
| 🞎 Annual Deduction **OR** 🞎 10 Monthly Deductions  (September)\*\* (September – June) |  | 🞎 Annual Deduction **OR** 🞎 10 Monthly Deductions  (September)\*\* (September – June) | | |
| **Please attach a voided check here.**  ***If purchasing an NEA-Retired life membership,  you can also include that amount to monthly draft.*** |  | Name On Card: |  | |
|  | Credit Card Number: |  | |
|  | Expiration Date  (MM/YY): / | | Credit Card  Security Code: |

5. 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.

**Please return the completed form to:**

**NCRSP Attn: Membership, PO Box 27347, Raleigh, NC 27611**