

IEA-R/NEA-R Enrollment Form

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SOCIAL SECURITY NO.

LAST NAME, FIRST, MIDDLE INITIAL (PLEASE PRINT)

NAME:	
ADDRESS:	
	FEMALE _____ MALE _____
CITY & STATE:	ZIP CODE
AGE:	BIRTHDATE: ____/____/____
PHONE NUMBER:	
EMAIL ADDRESS:	

ASSOCIATION	MEMBERSHIP TYPE	PAYMENT
NEA		
IEA		
TOTAL		

PLEASE READ CAREFULLY
 Education employees who hold and maintain NEA/IEA membership may enroll in the Retired membership for life program as pre-retired subscribers in advance of retirement. Governance rights for NEA-R begin following retirement.

Pre-Retired Lifetime - \$100 IEA-R + \$200 NEA-R = Total \$300.00
 Payroll Deduction School District: _____
 One check or one credit card deduction
 Retired Lifetime - \$100 IEA-R + \$200 NEA-R = Total \$300.00
 Retired Annual - \$10 IEA-R + \$25 NEA-R = Total \$35.00
 Total paid: _____ Check one: VISA MasterCard Check(s)
 Credit Card No. _____ Exp. Date _____

Signature: _____ Date: _____

IEA-PACE/NEA-FCPE (NEA Fund for Children & Public Education) (Optional)
 I wish to contribute \$_____ to IEA-PACE--Payment enclosed
 I wish to contribute \$_____ to NEA-FCPE--Payment enclosed

Please send separate check for IEA-PACE or NEA-FCPE contribution.

FOR MORE INFORMATION:
 (208) 344-1341 or 1-800-727-9922; IEA website: idahoea.org

MAIL THIS MEMBERSHIP FORM TO:
 IEA-R/NEA-R, c/o Idaho Education Association, P.O. Box 2638, Boise, ID 83701

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