

MAINE EDUCATION ASSOCIATION—RETIRED

Affiliated with the National Education Association

2019—2020 ENROLLMENT APPLICATION

NAME				
ADDRESS				
ADDRESS 2				
CITY, STATE & ZIP				
SOCIAL SECURITY NUMBER	-	-		
PHONE				
EMAIL				
DATE OF RETIREMENT	MONTH:	YEAR:		
I RETIRED FROM (check one)	K-12 POSITION <input type="checkbox"/>	HIGHER EDUCATION POSITION <input type="checkbox"/>		
REGISTERED VOTER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PARTY AFFILIATION	
MEMBERSHIP OPTIONS (check one):				
<input type="checkbox"/>	OPTION A: \$6.17/mo deduction from my MePERS pension check.		<input type="checkbox"/>	OPTION B: \$3.25/mo deduction from my MePERS pension check AND enclosed the one-time payment for \$300.00 (payable to MEA)
	NEA-Retired Dues: \$35.00		NEA-Retired Life (one-time payment):	\$300.00
	MEA Dues: \$27.00		MEA Dues:	\$27.00
	MEA-Retired Dues: <u>\$12.00</u>		MEA-Retired Dues:	<u>\$12.00</u>
	\$74.00			\$339.00
*If you will not be receiving a MePERS pension check, please contact the office to find out how to continue your membership.				

Authorization for Deduction of Dues

I hereby authorize the Maine Public Employees Retirement System to deduct from my pension the amount of \$ _____ per month or such amount as may from to time to time be voted by the Representative Assembly of the Maine Education Association (MEA), National Education Association Retired (NEA-Retired), or Maine Education Association Retired (MEA-Retired) as Association dues for retired members.

I understand that membership in the MEA/NEA-Retired/MEA-Retired is entirely voluntary, and that I may terminate my membership by giving thirty (30) days written notification to the MEA, which will notify the Maine Public Employee Retirement System of this action.

Member's Signature

Date

Return Completed Form To: Membership—Retired
PO Box 310
Caribou, ME 04736
1-800-281-3191 x2400
498-3191 x2400

www.maineea.org
www.mearetired.com