



NORTH CAROLINA RETIRED SCHOOL PERSONNEL
2024 – 2025 Membership Application
 Tel: 800-662-7924 Ex. 243 Fax 919-829-1626 Website: www.ncrsp.org



Member Information			
<input type="checkbox"/> New Member		<input type="checkbox"/> Renewing Member	
*If New, Local County Preference:		Current Local County:	
Name: First		Name: Middle	Name: Last
Street Address/Apt #		City	State Zip
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 of SS Number	Retirement Date / /
Primary 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 align="center">+</td> <td>Total Dues:</td> </tr> <tr> <td>One-time payment</td> <td align="center">\$109.00/yr.</td> <td>\$409</td> </tr> <tr> <td>NEA-R Lifetime</td> <td align="center">Dues</td> <td>(one-time payment)</td> </tr> </table>	\$300	+	Total Dues:	One-time payment	\$109.00/yr.	\$409	NEA-R Lifetime	Dues	(one-time payment)
\$300	+	Total Dues:								
One-time payment	\$109.00/yr.	\$409								
NEA-R Lifetime	Dues	(one-time payment)								
<input type="checkbox"/> I want to purchase a NCRSP membership <u>only</u>	\$ 144.00/yr.									

Check here to receive the PANORAMA by US Mail.

*Be sure to provide your current email address.

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

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. 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.