

NORTH CAROLINA RETIRED SCHOOL PERSONNEL

2020 - 2021 Membership Application

Tel: 800-662-7924 Ext. 243 Website: www.ncrsp.org



| □ 2 nd /mo. □25 | Ca | rd Number: | | | | | NCAE | |
|--|-------------------|--|---|-------------|--|------------------------------------|--|--|
| E-Dues/Bank Draft Attach VOIDED Check Select draft date: | | Credit Card Circle One (Visa / Master / Discover) Name on Card: | | | | *All checks made payable to: | | |
| Select Method of Payment: | | | ☐ 10 Months (Sept – June) | | | To Pay by Check | | |
| ☐ I want to purchase an NCRSP membership only | | | \$ 144.00/yr. | | | | | |
| I want to purchase a NEA-R Lifetime Membership & Join NCRSP | | | \$300 One-time payment NEA-R Lifetime | 00 | | prov | sure to ide your ent email ess. | |
| ☐ I want to purchase a NEA-R Lifetime Membership only ☐ I am already a NEA-R Lifetime Member | | | | | | | PANAORAMA by E-mail. | |
| Membership Type (Please check ONE box) | | | Dago / imbani | | | | heck here ceive the | |
| | | ☐ Native Hawaiian / Pac☐ White (not Hispanic) | cific Islander | | | □ Other | | |
| Ethnic Identity (Ch | neck One) | ☐ American Indian / Ala | | | | ☐ Multi-ethnic | | |
| Home Phone | | Cell Phone Email Addres | | | | S | | |
| Date of Birth | ☐ Male | | Last 4 of SS Number | | | 1 | ment Date / | |
| Street Address/Apt # | | | City State | | | | Zip | |
| Name: | e: First Middle | | | Last | | | | |
| *If New, Local County Preference: | | | Current Lo | cal County: | | | | |
| □ New Member | ☐ Renewing Member | | | | | | | |
| Member Information | | | | | | | | |

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.