

RETIRED/PRE-RETIRED LIFE MEMBERSHIP

You've spent your lifetime deeply involved in education. Your interest won't suddenly end because you've retired. The fact is, it doesn't have to end and neither does your involvement. You've retired from your position – not your profession.

RIGHTS & PRIVILEGES

- A WEA active member is eligible at any time to join as a pre-retired member of the WEA-Retired
- Open to any retired education employee of K-Graduate level, or who was employed for a least five (5) years in a position that qualifies him/her for Active membership
- Right to vote in WEA elections
- Right to hold elective or appointive positions as described in the Retired Constitution and Bylaws

Your dues can be totally offset by taking advantage of a wide array of benefits. Go to <https://www.neamb.com> for a list.

Remember – without continued membership in NEA/WEA Retired Life, all benefits cease upon retirement.

PLAN TO JOIN NOW, EVEN IF YOU HAVE NOT RETIRED

NEA/WEA – Retired/Pre-retired Life Membership is a one-time fee of \$400.

Name: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

SSN4 (last four digits only): _____ School District: _____

Home Email: _____

RETIRED/DATE OF RETIREMENT _____

PRE-RETIRED

Signature: _____

-payment options on back-

PAYMENT OPTIONS

Dues can be paid by check, credit card, electronic funds transfer (EFT), or money order: **NO PAYROLL DEDUCTION**

OPTION 1: Check/Money Order – One-time payment only

OPTION 2: EFT -Up to 5 (five) payments deducted

Membership Type/Fund/Obligations:

Fund Name	Membership Type	Annual Dues
NEA	Retired RT-7-7	\$300.00
	Pre-retired RT-9-7	
WEA	Retired RT-7-7	\$ 50.00
	Pre-retired RT-9-7	
LEA	Retired RT-7-7	\$ 50.00
	Pre-retired RT-9-7	
Total Obligation		\$400.00

- Total amount due can be divided into 2-6 payments, provided the total obligation is **paid in full no later than July 10th**.
- Deductions run from October through July of each membership year and **each withdrawal will occur on or about the 10th of the month.**
 Month to begin withdrawals _____

• Number of monthly payments (circle one):
 2 3 4 5 6

This EFT authorization will not be accepted unless a voided personal check is attached.

I hereby authorize The Wyoming Education Association to initiate debit entries to my bank account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I will not hold our BANK liable for any erroneous debits made by The Wyoming Education Association.

Electronic Funds Transfer – Bank Draft Authorization															
Bank Name															
Bank Routing Number (9 digit)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														
Bank Account Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														

This authorization is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of any erroneous debit immediately credited to his/her account by BANK up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever occurs first.

OPTION 3: CREDIT CARD – One-time payment only

- I'm authorizing the payment of my retired/pre-retired dues through my credit card
- Type of Credit Card: _____
 - Expiration Date (MM/YYYY): _____
 - Credit Card Number: _____
 - 3-digit number on back of card: _____

Signature and Date are required for either option (EFT or Credit Card)

Signature: _____	Date: _____
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Send completed form with payment or payment option information to:
 Wyoming Education Association, 115 East 22nd Street, Suite 1
 Cheyenne, WY 82001

