

ESP 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 ESP member is eligible at any time to join as a pre-retired ESP member of the WEA-Retired ESP
- 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 ESP 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 ESP Life, all benefits cease upon retirement.

PLAN TO JOIN NOW, EVEN IF YOU HAVE NOT RETIRED

NEA/WEA – ESP Retired/Pre-retired Life Membership is a one-time fee of \$280.

Name: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

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

Home Email: _____

ESP RETIRED/DATE OF RETIREMENT _____ ESP 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	ESP Retired RT-6-6	\$180.00
	ESP Pre-retired RT-9-6	
WEA	ESP Retired RT-6-6	\$ 50.00
	ESP Pre-retired RT-9-6	
LEA	ESP Retired RT-6-6	\$ 50.00
	ESP Pre-retired RT-9-6	
Total Obligation		\$280.00
<ul style="list-style-type: none"> • 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 		

Account pulling from:

Checking or Savings

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>														

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any charge shall not constitute the termination of my membership.

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: _____
- Credit Card Number: _____
- Expiration Date (MM/YYYY): _____
- 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
 Cheyenne, WY 82001

