

Dear Retired Teacher,

Your voice is needed in the fight for public education! Make sure you are a retired member of the AEA and join the fight!

Due to the Arkansas legislature's action in the last legislative session, you can no longer have your dues deducted from your retirement annuity check. To begin or renew your AEA membership, you must choose one of the following options:

Pay in full by check: To pay by check, please complete the retired enrollment form and send it and a check to AEA, 1500 West 4th St., Little Rock, AR 72201.

Pay by authorizing a monthly bank draft: To pay monthly using your bank account, please complete the retired enrollment form and the bank draft authorization form, enclose a voided check, and send all three to AEA, 1500 West 4th St., Little Rock, AR 72201.

Pay by authorizing a monthly credit card charge: To pay monthly using a credit card, please complete the retired enrollment form and the credit card information form and return both to AEA, 1500 West 4th St., Little Rock, AR 72201.

If you would like to be more involved as a retired member, we are excited to offer retired members the opportunity to take on leadership roles as Retired County Representatives. Your experience and expertise would be a valuable asset to our organization. If you want more information about getting involved as a retiree member, please contact AEA Retired President Laura Montgomery at 501-346-8383 or email organizing@aeanea.org.

In Solidarity

Team AEA

www.aeaonline.org

1500 W 4th St #200,
Little Rock, AR 72201
(501) 375-4611

	Retired Annual RT-8-0	Retired Lifetime RT-7-7
NEA DUES	\$35.00	\$300.00
AEA DUES	\$15.00	\$200.00
Total	\$50.00	\$500.00
<p>To pay by check:</p> <ol style="list-style-type: none"> 1. Complete the retired enrollment form. 2. Send the enrollment form and check to: AEA 1500 West 4th St. Little Rock, AR 72201 	Annual Payment of \$50.00	Onetime Payment of \$500.00
<p>To pay by monthly bank draft:</p> <ol style="list-style-type: none"> 1. Complete the retired enrollment form. 2. Complete the bank draft authorization form. 3. Send both forms and voided check to: AEA 1500 West 4th St. Little Rock, AR 72201 <p><i>Dates and amounts may vary.</i></p>	The total amount divided by the months remaining in enrollment year will be deducted on or around the 20 th of each month.	The total amount divided by the months remaining in enrollment year will be deducted on or around the 20 th of each month.
<p>To pay by monthly credit card charge:</p> <ol style="list-style-type: none"> 1. Complete the retired enrollment form. 2. Complete the credit card information form. 3. Send both forms to: AEA 1500 West 4th St. Little Rock, AR 72201 <p><i>Dates and amounts may vary.</i></p>	The total amount divided by the months remaining in enrollment year will be deducted on or around the 20 th of each month.	The total amount divided by the months remaining in enrollment year will be deducted on or around the 20 th of each month.

Retired Membership Enrollment Form



1500 West Fourth Street
 Little Rock, AR 72201-1064
 Phone: (501) 375-4611
 1-800-632-0624
 www.aeaonline.org



Were you a member last year?
 Yes No

RETIRED

LOCAL

COUNTY OF RESIDENCE

Great Public Schools for Every Student

SOCIAL SECURITY NUMBER

AREA CODE CELL PHONE

E-MAIL ADDRESS

AREA CODE OTHER PHONE

	FIRST	MIDDLE	LAST	TITLE
NAME				
ADDRESS				
CITY				
STATE			ZIP	

ASSN.	MEMBERSHIP TYPE	ANNUAL AMOUNT
NEA DUES		
AEA DUES		
TOTAL		

AEA and NEA are unified. Membership is required in both organizations.

PLEASE COMPLETE

GENDER	ETHNIC INFORMATION (OPTIONAL)
MALE _____(M)	AMERICAN INDIAN/ALASKA NATIVE _____(01)
	BLACK _____(03)
	HISPANIC _____(04)
FEMALE _____(F)	CAUCASIAN (Not of Spanish Origin) _____(05)
	ASIAN _____(06)
	NATIVE HAWAIIAN/PACIFIC ISLANDER _____(07)

NEA DUES		AEA DUES	
Retired Annual	RT-8-0 \$ 35.00	Retired Annual	RT-8-0 \$ 15.00
Retired Lifetime	RT-7-7 \$300.00	Retired Lifetime	RT-7-7 \$200.00
May we contact you to work with mentoring new teachers and teacher education students? <input type="checkbox"/> YES <input type="checkbox"/> NO			
May we contact you to work for AEA/NEA recommended candidates? <input type="checkbox"/> YES <input type="checkbox"/> NO			
May we contact you to lobby legislators on AEA/NEA issues? <input type="checkbox"/> YES <input type="checkbox"/> NO			
May we contact you to make a contribution to AEA/NEA political action committee? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

PAY METHOD (check CHECK, EFT, or RCC)

- CHECK (CK) TOTAL AMOUNT ENCLOSED \$ _____ MAKE CHECKS PAYABLE TO AEA.
- ELECTRONIC FUNDS TRANSFER (enclose bank authorization form)
- CREDIT CARD (RCC) (enclose credit card information)

Bank Account (EFT) or Credit/Debit Card Authorization



I agree to pay annual dues and any PAC contribution I have authorized through:

- AUTOMATIC BANK DRAFT
- CREDIT/DEBIT CARD

AUTOMATIC BANK DRAFT

Account Type: Checking Savings

Name on Account:

Address:

City:

State/ZIP:

Name of Bank:

9-Digit Bank Routing Number:

Account Number:

CREDIT/DEBIT CARD

Name on Account:

Billing Address:

City:

State/ZIP:

Card Number:

Exp. (M/Y):

/

CVV:

I authorize the Arkansas Education Association or its designated local to charge my credit/debit card or checking/savings account, as provided above, for annual dues and for any authorized PAC contribution. I further authorize those payments to be made through the initial membership year ending August 31 and recurring annually thereafter, payable in monthly installments on or around the 20th day of each month, beginning in the amounts set forth below. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$1.00, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA, the Arkansas Education Association, and/or my local change the amount of annual dues, the Arkansas Education Association or local will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. Following that notice, I authorize the Arkansas Education Association or local to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to AEA Membership, 1500 West Fourth Street, Little Rock, AR, 72201-1064, and include my name, address, employer, and membership number. I understand that termination of this authorization will take effect 7 days after receipt by the Arkansas Education Association.

ANNUAL DUES (NEA, AEA)

Total Annual Amount	\$
Monthly Bank Draft Amount	\$

→ SIGNATURE:

DATE: