

MAINE EDUCATION ASSOCIATION RETIRED

Affiliated with the National Education Association

2024—2025 ENROLLMENT APPLICATION

(for members retiring from PK-12)

NAME			
ADDRESS			
CITY, STATE & ZIP CODE			
DATE OF BIRTH			
SOCIAL SECURITY NUMBER	- -		
PHONE		CELL PHONE	
EMAIL			
DATE OF RETIREMENT	MONTH:	YEAR:	
REGISTERED VOTER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PARTY AFFILIATION

MEMBERSHIP OPTIONS (check one):

<input type="checkbox"/> OPTION A: \$7.08/mo deduction from my MainePERS pension check. NEA-Retired Dues: \$35.00 MEA Dues: \$30.00 MEA-Retired Dues: <u>\$20.00</u> \$85.00	<input type="checkbox"/> OPTION B: \$4.16/mo deduction from my MainePERS pension check AND enclosed the one-time payment for \$300.00 (payable to MEA) NEA-Retired Life (one-time payment): \$300.00 MEA Dues: \$30.00 MEA-Retired Dues: <u>\$20.00</u> \$350.00
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*If you will not be receiving a MainePERS pension check, please make a check payable to MEA for \$85.00 and mail with this form to the address below.

Authorization for Deduction of Dues

I hereby authorize the Maine Public Employees Retirement System to deduct from my pension the amount of \$_____ per month or such amount as may from time to time be voted by the Representative Assembly of the Maine Education Association (MEA), National Education Association Retired (NEA-Retired), or Maine Education Association Retired (MEA-Retired) as Association dues for retired members.

I understand that membership in the MEA/NEA-Retired/MEA-Retired is entirely voluntary, and that I may terminate my membership by giving thirty (30) days written notification to the MEA, which will notify the Maine Public Employee Retirement System of this action.

Member's Signature

Date

Return Completed Form To: Membership—Retired
 Lisa Collins
 PO Box 310
 Caribou, ME 04736
 1-800-281-3191 x2400 -OR- 207-888-3856

www.maineea.org
www.mearetired.org

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