



NSEA-Retired Membership Form

0 0 0 _____ Year: 20____
Member ID#

Name

Address

City

_____ Zip _____

Phone (_____) _____

Email: _____

Date of Birth: _____

Date of Retirement: _____
(If Pre-Retired, earliest normal retirement date)

Local Association: _____

Signature

MEMBERSHIP TYPE:

(Joining NSEA-Retired enrolls you in NEA-Retired as well)

PRE-RETIRED LIFETIME \$500

RETIRED LIFETIME \$500

PRE-RETIRED LIFETIME
EFT INSTALLMENTS OPTION
Please provide a VOIDED check
\$100 FOR 5 MONTHS = \$500

RETIRED LIFETIME
EFT INSTALLMENTS OPTION
Please provide a VOIDED check
\$100 FOR 5 MONTHS = \$500

RETIRED ANNUAL \$60

** EFT payments are deducted on the 20th of the month, October - July. If fewer than five months remain until July, the EFT draws will be adjusted accordingly.*

Date

Please send this form and your check, payable to NSEA-Retired, or a voided check (if EFT Option) to:

**NSEA-Retired
605 S. 14th Street
Lincoln, NE 68508-2742**