REMIT TO:

LOCKBOX 512413
NEW JERSEY EDUCATION ASSOCIATION
P O BOX 37649
PHILADELPHIA PA 19101-9724

NJREA/NJEA/NEA Retired Membership
RENEWAL/APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____

Social Security # _____

Please check amount being paid: Checks are payable to "**NJEA**"

A. I enclose payment of annual dues for New Jersey Retirees' Education Association (state), NJEA, & NEA-Retired for September 2007 – August 2008 membership year as follows: **PROFESSIONAL**

- ☐ $ 68 – if retired on or after Sept. 1, 1973
- ☐ $ 48 – if retired before Sept. 1, 1973
- ☐ $ 5 – if retired before Sept. 1, 1973 AND annual pension is less than $5,000

EDUCATION SUPPORT PROFESSIONAL

- ☐ $ 47

B. I enclose payment of life retirement membership dues as follows: **PROFESSIONAL**

- ☐ $830 for LIFE retired membership in the NJREA/NJEA/NEA-R if received by August 31, 2007.
- ☐ $845 for LIFE retired membership in the NJREA/NJEA/NEA-R if received **after** August 31, 2007.

EDUCATION SUPPORT PROFESSIONAL

- ☐ $515 for LIFE retired membership in the NJREA/NJEA/NEA-R if received by August 31, 2007.
- ☐ $530 for LIFE retired membership in the NJREA/NJEA/NEA-R if received **after** August 31, 2007.

☐ Please send me more information on life dues in three installments. (Professional-$845 or ESP- $530)

C. Credit card payment ☐ AMEX ☐ VISA ☐ MasterCard

Card Number: _____

Valid Through: MONTH _____ YEAR _____

Signature: **X** _____

(Dues include annual subscriptions for NJEA Review; NJEA Reporter; and NEA Today.)

Complete and mail this Membership Application/Renewal
DO IT TODAY!

Please, be sure to double check:

- ☐ *spelling of your name*
- ☐ *your address*
- ☐ *your social security number*
- ☐ *credit card number (or)*
- ☐ *enclose your check (payable to "NJEA")*

IMPORTANT

BE SURE TO indicate (check Yes or No) whether you were an NJEA member when you retired?

Complete this section to ensure your right to vote in NJEA elections: Were you an NJEA member at the time of your retirement?
☐ **NO** ☐ **YES** If yes please indicate:

Retirement Year/Month	Employment Position
Retirement District	
Retirement County	

PLEASE RESPOND ASAP!

Don't forget to join your County Retired Educators Association!