



NORTH CAROLINA RETIRED SCHOOL PERSONNEL
2023 – 2024 Membership Application
 Tel: 800-662-7924 Ex. 243 Fax 919-829-1626 Website: www.ncrsp.org



Member Information			
<input type="checkbox"/> New Member		<input type="checkbox"/> Renewing Member	
*If New, Local County Preference:		Current Local County:	
Name:		First	Middle Last
Street Address/Apt #		City	State Zip
Date of Birth	Gender	Last 4 of SS Number	Retirement Date
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /
Home Phone	Cell Phone	Email Address	
- -	- -		
Ethnic Identity (Check One)	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Black	<input type="checkbox"/> Multi-ethnic
	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
	<input type="checkbox"/> White (not Hispanic)	<input type="checkbox"/> Hispanic	

Membership Type (Please check ONE box)	Dues Amount						
<input type="checkbox"/> I want to purchase a NEA-R Lifetime Membership <u>only</u>	\$ 300 One-time payment						
<input type="checkbox"/> I am already a NEA-R Lifetime Member	\$109.00/yr.						
<input type="checkbox"/> I want to purchase a NEA-R Lifetime Membership & Join NCRSP	<table border="0"> <tr> <td>\$300 One-time payment</td> <td>+</td> <td>Total Dues: \$409</td> </tr> <tr> <td>NEA-R Lifetime</td> <td>\$109.00/yr. Dues</td> <td>(one-time payment)</td> </tr> </table>	\$300 One-time payment	+	Total Dues: \$409	NEA-R Lifetime	\$109.00/yr. Dues	(one-time payment)
\$300 One-time payment	+	Total Dues: \$409					
NEA-R Lifetime	\$109.00/yr. Dues	(one-time payment)					
<input type="checkbox"/> I want to purchase an NCRSP membership <u>only</u>	\$ 144.00/yr.						

Check here to receive the PANORAMA by US Mail.
 *Be sure to provide your current email address.

Select Method of Payment: <input type="checkbox"/> Payroll		*Full SS# Required for Payroll Deduction •12 months (Sept-Aug)	<input type="checkbox"/> Pay by Check
<input type="checkbox"/> E-Dues/Bank Draft Attach VOIDED Check <input type="checkbox"/> Annual <input type="checkbox"/> 10 Months Select draft date: <input type="checkbox"/> 2 nd /mo. <input type="checkbox"/> 25 th /mo.	<input type="checkbox"/> Credit Card Name on Card: _____ Card Number: _____ Exp: _____ CVV: _____ <input type="checkbox"/> Annual <input type="checkbox"/> 10 Months	Circle One (Visa / Master / Discover) Draft date: 2 nd /month	*All checks made payable to: NCAE

Referred by: _____ Member Local: _____

Member's Signature: _____ Date: _____

I hereby authorize NCAE/NCRSP to collect my membership dues in accordance with the pay method I have selected. This deduction will automatically renew each membership year. I understand that (a) I may revoke this collection by sending a written request to the NCRSP state office, and (b) dues are not refundable.

Return completed form to: NCRSP Attn: Membership, 3700 Glenwood Ave., Ste. 510, Raleigh, NC 27612