NORTH CAROLINA RETIRED SCHOOL PERSONNEL

2026 – 2027 Membership Application

Tel: 800-662-7924 or 919-832-3000 Ex. 243 Fax 919-829-1626
Website: www.ncrsp.org Email: info@ncrsp.org

NCAE North Carolina Association of Educators

nea NATIONAL EDUCATION ASSOCIATION

Member Information

☐ New Member
*If New, Local County Preference: _____

☐ Renewing Member
Current Local County: _____

Name: ☐ Dr. First _____ Middle _____ Last _____

Street Address/Apt # _____ City _____ State ____ Zip _____

Date of Birth ____/____/_____ Gender ☐ Male ☐ Female Last 4 of SS Number _____ Retirement Date ____/____/_____

Primary Phone _____ Email Address _____

Ethnic Identity (Check One)

☐ American Indian / Alaska Native
☐ African American
☐ Multi-ethnic
☐ Native Hawaiian / Pacific Islander
☐ Asian
☐ Other
☐ White (not Hispanic)
☐ Hispanic

Membership Type (Please check ONE box)	Dues Amount
☐ I want to purchase NCRSP Membership only	$144.00 / year
☐ I already purchased the NEA-R Lifetime portion, just want to add NCRSP Membership	$109.00 / year
☐ I want to purchase in full NEA-R Lifetime Membership & Join NCRSP	$300 One-time payment + $109.00/yr. **Total Dues: $409 (one-time payment)**
☐ I want to purchase NEA-R Lifetime only (reduces my dues)	$300.00 One-time payment

☐ Check here to received your *Panorama* by mail.

☐ Check here to receive your email alerts to save your NCRSP mailing costs.

Optional Emergency Contact:

Name _____

Email _____

Phone #_____

SELECT PAYMENT METHOD — ELECTRONIC PAYMENTS SAVE NCRSP PROCESSING COSTS AND HELP PREVENT INTERRUPTION OF NEA BENEFITS

☐ **Payroll** • 12 months (Sept.-Aug.)

**Full SS# Required for Payroll Deduction*

Full SS#: _____

☐ **E-Dues/Bank Draft**

Attach VOIDED Check

☐ Annual ☐ 10 Months

Select draft date:

☐ 2nd/mo. ☐ 25th/mo.

☐ **Credit Card** *Circle One (Visa / Master / Discover)*

Name on Card: _____

Card Number: _____

Exp: _____/_____ CVV: _____

☐ Annual ☐ 10 Months Draft date: 2nd/month

☐ Pay by Check

All checks should be made payable to NCAE.

Referred by: _____ **Member Local:** _____ **Member#** _____

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, 3700 Glenwood Avenue, Ste. 510, Raleigh, NC 27612 or
cmclamb@ncrsp.org | | See www.ncrsp.org for latest update on address or call 1-800-662-7924 if your mail is returned.