

Referred by:

NORTH CAROLINA RETIRED SCHOOL PERSONNEL

2025 – 2026 Membership ApplicationTel: 800-662-7924 or 919-832-3000 Ex. 243 Fax 919-829-1626 Website: www.ncrsp.org



			Member I	nformation	1					
□ New Member				☐ Renewin						
*If New, Local County Preference:				Current Lo	cal County	/ :				
Nar	ne:	First	Middle		Last					
Str	eet Address/Ap	ot #	City			State			Zip	
	•								-	
D	ate of Birth		Gender	Last	Last 4 of SS Number			Retirement Date		
1 1		□ Ма	☐ Male ☐ Female					1 1		
	Primary Phone)	Mobile Phone	Email Address						
Eth	nic Identity (Ch	neck One)	☐ American Indian / Ala			☐ Multi-ethnic		С		
			☐ Native Hawaiian / Pa	cific Islander □ Asian		☐ Other				
			☐ White (not Hispanic)	☐ Hispanic						
	Membership T	vpe (Pleas	Dues Amount				☐ Check here			
П	I WORDEN I II			\$144.00 / year				to receive the		
_	I already purchased the NEA-R Lifetime portion, just want			\$109.00 / year				PANORAMA by US Mail.		
to add NCRSP Membership			•			by 03 Iviali.				
				\$300	1	Total Dues:		*Be sur	e to	
П		e in full NEA-	-R Lifetime Membership &	One-time	+	\$409	provide		· II	
ш	Join NCRSP			payment NEA-R	\$109.00/yr.	(one-time payment)		current email address.		
				Lifetime	Dues					
	I want to purchas	e NEA-R Life	\$ 300.00 One time payment							
									☐ Pay	
Select Method of Payroll •12 months *Full SS# Required for Payroll Deduction by										
								Check		
	-Dues/Bank Dra	ft _	Circle One (Vice / Meeter / Dir						*All	
At	tach VOIDED Ch	IECK	☐ Credit Card Circle One (Visa / Master / Dis			SC	over)	checks		
□Ar	nual 🛮 10 Mon	ths Nam	Name on Card:						made	
		Card	Card Number:			_		payable to:		
Select draft date:		e: Exp.	Exp: CVV:							
☐ 2 nd /mo. ☐25 th /mo.		mo .						NCAE		
		□An	□Annual □ 10 Months Draft date: 2 nd /month							

Member's Signature: Date:

Member Local: