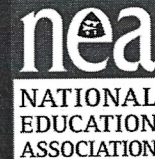
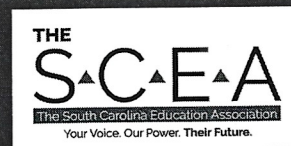


The SCEA-Retired Membership Application



PLEASE PRINT CLEARLY. MAIL COMPLETED APPLICATION TO 2999 SUNSET BLVD. STE. 200, W.COLA, SC 29169

First Name: _____ **Last Name:** _____ **Today's Date:** _____
Personal Email: _____ **Cell Phone*:** _____ **Home Phone:** _____
Address: _____ **City:** _____ **State/Zip Code:** _____
County: _____ **Birthday:** _____ **Last 4 of SSN:** _____

* By providing my cell phone number, I understand that the National Education Association and its affiliates, including The SCEA-Retired and the local association, NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

THE MEMBERSHIP YEAR BEGINS SEPTEMBER 1. ANNUAL MEMBERSHIP PAYMENT IS DUE DECEMBER 1. LIFE DUES ARE PAID ONLY ONCE AND CAN BE PAID IN UP TO 12 MONTHLY PAYMENTS.

Membership is unified, The SCEA-Retired and NEA-Retired Dues Below

- | | | | | |
|--------------------------|---------------|---|--------------------|-----------------|
| <input type="checkbox"/> | RT 8-0 | The SCEA-Retired Annual
<small>*Requires full payment of annual dues.</small> | Dues Amount | \$55.00 |
| <input type="checkbox"/> | RT 7-7 | The SCEA-Retired Life | Dues Amount | \$500.00 |
| <input type="checkbox"/> | RT 9-7 | The SCEA-Retired Pre-Retired Life | Dues Amount | \$500.00 |

Payment Information

- CASH/CHECK/MONEY ORDER** **CREDIT/DEBIT CART**
*Enclose full payment of annual dues.

Name on Card: _____ **Billing Address:** _____
City: _____ **State/Zip:** _____ **Card Number:** _____ **EXP:** _____

- ELECTRONIC FUNDS TRANSFER**

Name on Account: _____ **Billing Address:** _____
City: _____ **State/Zip:** _____ **Name of Bank:** _____
Routing Number: _____ **Account Number:** _____

I authorize The SCEA-Retired to charge my credit/debit card or checkings/savings account, as provided above, for annual dues, fees and assessments. I further authorize those payments to be made through the initial membership year, ending August 31, and occurring annually thereafter. I understand that the final installment amount for the year may include a residual amount, not to exceed \$10.00, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA or The SCEA-Retired changes the amount of annual dues, fees or assessments, The SCEA-Retired will let me know in writing not less than 10 days before processing any changes to the amount described in the payments summary. Following that notice, I authorize The SCEA-Retired to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the terminations of my eligibility to maintain membership in The SCEA-Retired. I understand that rejection of any charge or debit shall not constitute the termination of my membership. I further understand that The SCEA-Retired will notify me in writing if a transaction is rejected and I shall have 7 days to provide updated account information or an accepted alternative method of payment.

APPLICATION MUST BE SIGNED.

Member Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Received: _____ **Amount Received:** _____