**FEA-NEA RETIRED MEMBERSHIP**

**2021-2022**

**(The membership year runs September 1, 2021 through August 31, 2022)**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY NUMBER: (last four digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please indicate whether this number is a cell or landline) \_\_\_\_\_\_\_\_\_\_**

**PERSONAL EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RETIRED LOCAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please 🗸 category of membership)**

□ Annual Retired $46.00

□ Lifetime Retired (one-time payment) $400.00

□ Pre-Retired Subscriber (one-time payment) $400.00

**\*\*NOTE: In order to maintain your NEA insurance(s) you MUST maintain**

**current membership with FEA-Retired. \*\***

**Mail all checks and membership applications to:**

 **Florida Education Association**

 **Attention: Carol Drury, Membership Specialist**

 **213 South Adams Street**

 **Tallahassee, FL 32301**

 **(850) 201-2976 (Direct line)**

 **(850) 201-1675**

***Your membership is important to us!***

**If paying by VISA or MasterCard, complete the following:**

***(Check One)***

**🞎 MasterCard 🞎 VISA**

**Name:**

*Print Name Exactly As It Appears On Account*

**Acct#:\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/** CVV CODE**#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date: /**

 ***Month* *Year***

**Signature**

***Unified Membership Is Required***

*Membership Dues Are Not Deductible As Charitable Contributions For Federal Income Tax Purposes.*

*Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.*