

## 2020-2021

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

<input type="checkbox"/> Annual Retired .....	\$46.00
<input type="checkbox"/> Lifetime Retired (one-time payment).....	\$400.00
<input type="checkbox"/> Pre-Retired (one-time payment) .....	\$400.00

**\*\*NOTE: In order to maintain your NEA insurance(s) you MUST become a member of FEA-Retired. \*\***

**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



**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.*