WE'RE HERE TO MAKE SURE THAT EVERY STUDENT SUCCEEDS.

Together, we are creating a future shaped by our members, worthy of our students, and essential to the nation.

Delaware State Education Association
Standing Strong for Student Success

Delaware State Education Association
RETIRED

Step 1: Join!

DSEA's 13,000 and NEA's 3 million members are united every day to guarantee a great public education for every student. Join us!

☐ **MEMBERSHIP COMMITMENT: YES!** I want to join my fellow retirees and become a member of DSEA Retired, the Delaware State Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.

☐ **PAYMENT AUTHORIZATION: YES!** I hereby agree to pay the lifetime and/or annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through pension deduction or cash/check unless I revoke this authorization in a signed writing sent to DSEA, 136 E. Water Street, Dover, DE 19901, via U.S. mail.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

SIGNATURE _____ **DATE** _____

Dues payments are not deductible as charitable contributions for federal income tax purposes.

First Name _____ Last Name _____

Personal Email _____ Cell Phone* _____

Last 4 digits of SS# *(for pension office use)* _____ School District Retired from _____ Date of Retirement _____

Home Mailing Address _____ City, State Zip _____

Ethnicity ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Hispanic ☐ Multiple Races ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Gender ☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male ☐ Gender Expansive/Non-Conforming ☐ Other

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

Step 2: Support elected officials who support public education

By contributing to our PAC, you help advance policies impacting our students, our members, and public education.

☐ **YES! I WANT ELECTED OFFICIALS WHO STAND UP FOR PUBLIC EDUCATION AND MY STUDENTS.** I hereby authorize the following contribution to the NEA Fund for Children and Public Education (NEA Fund) and/or the DSEA Advocacy Fund for Children and Public Education (DSEA AFCPE) to build a strong voice for educators.

I want to donate ☐ $100 ☐ $50 ☐ $25 ☐ $_____ to the NEA Fund for Children and Public Education.

I want to donate ☐ $100 ☐ $50 ☐ $25 ☐ $_____ to the DSEA Fund for Children and Public Education.

Contributions by cash/check only. Checks should be written for each PAC contribution and made out to NEA FCPE and/or DSEA FCPE.

The NEA Fund for Children and Public Education and the DSEA Fund for Children and Public Education collect voluntary contributions from Association members and use these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund and the DSEA AFCPE. Contributions to the Funds are voluntary; making a contribution is neither a condition of employment nor membership in the NEA, DSEA and Local Association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA Fund and the DSEA AFCPE requests a donation in the amounts listed above, these are only suggestions. A member may contribute more or less than the suggested amounts, or may contribute nothing at all, without it affecting their membership status, rights, or benefits in NEA or any of its affiliates.

Contributions to the NEA Fund the DSEA AFCPE are not deductible as charitable contributions for federal income tax purposes.

Federal law requires the NEA Fund to use best efforts to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of $200 in a calendar year. State law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions to the DSEA AFCPE aggregate in excel of $100 per reporting period.

SIGNATURE _____ **DATE** _____

Step 3: Membership Type & Payment

DSEA/NEA RETIRED LIFETIME MEMBERSHIP

☐ CASH/CHECK (requires full payment of annual dues) ☐ **PENSION DEDUCTION***

**I authorize my lifetime membership to be paid via pension deduction on a monthly basis. The full amount must be paid by the end of the current membership year, which is August 31st. The total amount due by August 31st is $600.*

Pay by monthly pension deduction or make a one-time payment and remain a member and eligible for NEA and DSEA retired insurance and benefits for your lifetime.

CASH / CHECK	Lifetime Membership
Lifetime membership includes $300 NEA, $130 DSEA & $170 DSEA Retired	☐ $ 600.00
PENSION DEDUCTION	**Lifetime Membership**
Lifetime membership can be paid via pension deduction on a monthly basis. The full amount must be paid by the end of the current membership year, which is August 31st. The total amount due is $600, so 12 months would be $50 per month, 10 months would be $60, and so on.	☐ $ _____ / month

DSEA/NEA RETIRED ANNUAL MEMBERSHIP

☐ **CASH/CHECK** (requires full payment of annual dues) ☐ **PENSION DEDUCTION***

**I authorize the Delaware State Education Association to arrange for payment via pension deduction for annual membership dues and fees required for membership in the association. I further authorize those payments to be made through the initial membership year ending August 31 of the current school year, and on a continuing basis thereafter, unless terminated in accordance with instructions below. The pension deduction amounts are equal to the annual dues divided by twelve (12).*

I hereby agree to pay the annual (Sep. 1 - Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through pension deduction or cash/check unless I revoke this authorization in a signed writing sent to DSEA, 136 E. Water Street, Dover, DE 19901, via U.S. mail.

I understand that from time to time one or more of the governing bodies of NEA or its affiliates may authorize a change in the amount of annual dues and fees. I understand that I may contact DSEA anytime to obtain information on the calculation of dues.

I understand that this authorization for the payment of membership dues and fees continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination or 2) the termination of my eligibility to maintain membership in the Association.

CASH/CHECK	Annual Membership **
Due annually by August 1st	☐ $70.00 / annually
PENSION DEDUCTION	**Annual Membership ****
Annually there are 12 deductions from your pension check	☐ $ 5.83 / month

*** Dues for first-time members will be waived by NEA, DSEA, & DSEA Retired through 8/31/2022.*

For questions , please call 866-734-5834 or email membershipsupport@dsea.org.

SIGNATURE _____ DATE _____

Please return this form to: Delaware State Education Association, ATTN: Membership Services, 136 E. Water Street, Dover, DE 19901.