

ISTA/NEA-RETIRED MEMBERSHIP APPLICATION

September 2018 to August 2019

You may also join or renew your membership online at ista-in.org.

APPLICANT INFORMATION

Please print legibly -

First:	Middle:	Last:
Date of birth:	Last four digits of SSN:	Home Phone:
Street address:		
City:	State:	ZIP Code:
County:	Cell Phone:	Home Email Only:

ENROLLMENT SELECTION

- \$70 ISTA/NEA Annual (Continuous) Member *(available to retired members only)*
- \$341 ISTA/NEA Retired Life Member (NEA portion paid by ISTA.)
- \$340 ISTA/NEA Pre-Retired Life Subscriber* (NEA portion paid by ISTA.)

PAYMENT METHOD

Select One Pay Method:

- Bank Account Withdrawal – *(Payments are automatically deducted from checking/savings account.)*
ACTIVES: Payments subject to the local's withdrawal schedule.*
RETIREES: Monthly payments are spread over 12 months if enrolled by September withdrawal date. The full dues amount must be paid within the membership year of September 1–August 31 so monthly deduction amount is determined by number of months remaining in the membership year at the time of enrollment.
- One-Time Check – due to ISTA October 1 *(payable to ISTA-Retired)* Two-Time Check – one-half due to ISTA October 1 and other half due to ISTA February 1 *(payable to ISTA-Retired)*
- One-Time Credit Card – Call ISTA Member Resource Center at 844-275-4782 to process credit card payment. *(DO NOT submit credit card information on this form.)*
- Two-Time Credit Card (LIFETIME MEMBERSHIP ONLY) – Call ISTA Member Resource Center at 844-275-4782 to process two credit card payments due October 1 and February 1 within one membership year. *(DO NOT submit credit card information on this form.)*

ELECTRONIC FUNDS TRANSFER - BANK DRAFT AUTHORIZATION

of Deductions: _____ Deduction Amount: \$ _____

Bank Name:																			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings																		
Bank Routing Number: (9 digit)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Bank Account Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>PLEASE ATTACH A VOIDED CHECK TO THIS FORM.</p>																		

***Note:** Pre-Retired subscribers must maintain their normal NEA/SEA membership until they qualify for a Retired membership. Failure to do so will result in the cancellation of the Pre-Retired subscription with no refund given.

Signature of Applicant:

Date:

-Dues amounts are finalized annually by September 1.
-I AUTHORIZE ISTA TO DEDUCT/CHARGE EACH YEAR (IF APPLICABLE) MY MEMBERSHIP DUES FOR THE UNIFIED ASSOCIATION UNLESS I REVOKE THIS AUTHORIZATION IN WRITING. THIS AUTHORIZATION SHALL PERMIT AND ACCEPT ANY CHANGES IN THE AMOUNT OF DUES OFFICIALLY ADOPTED BY THE RESPECTIVE GOVERNING BODIES. ADDITIONALLY, I AGREE TO ABIDE BY THE CONSTITUTION AND BYLAWS OF EACH ORGANIZATION IN REGARD TO RESIGNATION OF MEMBERSHIP.
-DUES PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. DUES PAYMENTS (OR A PORTION) MAY BE DEDUCTIBLE AS A MISCELLANEOUS ITEMIZED DEDUCTION. NON-COMPLETION OF THE PAYMENT OPTIONS IN ANY PART WILL RESULT IN FORFEITURE OF PROCESSED AMOUNT.

RETURN THIS MEMBERSHIP APPLICATION FORM TO:
Indiana State Teachers Association, 2650 Reliable Parkway, Chicago, IL 60686-0026
(Direct depository address for submitting ISTA-Retired Membership Application and dues by mail.)

For more information regarding ISTA-Retired contact 844-ASK-ISTA (275-4782)

Membership Application on Reverse Side



Retired

Our kids. Our schools. Our future.