

ISTA/NEA-RETIRED MEMBERSHIP APPLICATION

September 2024 to August 2025

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

<input type="checkbox"/>	\$71	ISTA/NEA Annual (Continuous) Member <i>(available to retired members only)</i>
<input type="checkbox"/>	\$417	ISTA/NEA Retired Life Member (NEA portion partially paid by ISTA.)
<input type="checkbox"/>	\$415	ISTA/NEA Pre-Retired Life Subscriber** (NEA portion partially paid by ISTA.)
<input type="checkbox"/>	\$259.67	ISTA/NEA ESP Retired Life Member (NEA portion paid by ISTA.)
<input type="checkbox"/>	\$257.67	ISTA/NEA ESP 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)													
Bank Account Number:													

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Membership Commitment: **Yes** – I want to join with my fellow employees/retirees and become a member of the local association, the Indiana State Teachers 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.

Annual Payment Authorization: **Yes** – I hereby agree to pay the annual dues, fees, and assessments established by the three association 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 payroll deduction or other arrangement unless I revoke this authorization in a signed writing sent to Indiana State Teachers Association via U.S. mail, between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

SIGNATURE AND DATE REQUIRED ON BACK OF FORM

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

SIGNATURE OF APPLICANT:

DATE:

*Email addresses are for Association use only

**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 and forfeiture of the pre-retired subscription with no refund given.

***By providing my phone number, I understand that the National Education Association and its affiliates including ISTA, the local affiliate, NEA Member Benefits, and NEA 360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, ISTA and the local affiliate will never charge for text message alerts. Carrier message and data rates may apply to such alerts. I may stop receiving text messages at any time by opting out. Information on opt out can be found at ISTA's website.

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

-The National Education Association Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members and uses 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 federal office. Only U.S. citizens or lawful permanent residents may contribute to The NEA Fund. Contributions to THE NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although The NEA Fund requests an annual contribution of \$15, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. Contributions or gifts to The NEA Fund are not deductible as charitable donations for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of the employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits THE NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families will be returned forthwith.

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.)

4/2024

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

Membership Application on Reverse Side



Retired

Our kids. Our schools. Our future.