

RETIRED MEMBERSHIP ENROLLMENT FORM

Instructions: Complete this form and mail it to the address at the bottom. Either sign for monthly dues deduction (option #1) or enclose a check for annual dues (option #2).

Name (print) _____
(Social Security Number - required by AEA)

Address _____
Zip Code _____

Telephone () _____ E-mail Address _____

Actual Retirement Date _____

Select only one Dues payment Option below. Option #1 is recommended.

OPTION # 1-- MONTHLY DEDUCTION FROM RETIREMENT CHECK

***Payroll Deduction of Dues each Month -- \$11.76**

I authorize the Teachers' Retirement System of Alabama to deduct monthly dues from my retirement check for AEA/NEA-Retired and AERA. Current dues amount above will increase with the enactment of future COLAs. My membership deductions are to continue until revoked by written notification to Teachers' Retirement System of Alabama.

SIGNATURE _____

Social Security No (last four digits) _____ **Date** _____

e-mail address _____

*Includes \$3 per month voluntary contribution for A-VOTE to help elect friends of education to public office in Alabama. Deduct \$3 if you choose not to help elect legislators who support COLAs and PEEHIP funding for retirees.

Do not write in this space.

OPTION # 2 Enclose check payable to AEA/NEA-Retired/AERA for \$141

Your membership will be effective September 1 through August 31

\$141.00* check covers unified dues for AEA/NEA-Retired and AERA

* Includes \$36 voluntary contribution for A-VOTE to help elect friends of education to public office in Alabama. Deduct \$36 if you choose not to help elect legislators who support COLAs and PEEHIP funding for retirees.

Call AEA at 1-800-392-5839 for information about Retired Membership Dues.

Mail to: AEA/AERA, P. O. Box 4177, Montgomery, AL 36103-4177