



FAX: (601) 352-7054 (601) 354-4463 OR 1-800-530-7998 EXT. 3001 EMAIL: TROBINSON@MAETODAY.ORG

Thank You for Your Membership in MAE/NEA
UNITED EDUCATION PROFESSION – NEA, MAE AND LOCAL ASSOCIATION

If you have no changes, please retain this form for future updates and changes.

MAE/NEA is proud to offer you the enjoyment of ****MANY** benefits and membership advantages you had as an active professional member, including **FULL** participation in the **ASSOCIATION**.

Name: _____ Last 4 Digits of SSN: _____
Address: _____ Retirement Date: _____
Phone: _____ Email: _____

____ Enclosed is my one-time payment of **\$500.00** for Active and **\$300.00** for ESP Lifetime Retired membership in MAE/NEA or

____ **(Active Professional)** Draft my account for **\$41.67 (September 2 – August 2)** for a one-time payment of **\$500.00** for lifetime membership dues *(please attach voided check if account is not on file) or*

____ **(ESP Professional)** Draft my account for **\$25.00 (September 2 – August 2)** for my one-time payment of **\$300.00** for lifetime membership dues *(please attach voided check if account is not on file) or*

____ Enclosed is my **\$70.00** annual retired dues

____ **Political Action Contribution Amount** \$ _____ (Make check payable to **MAE-FCPE**)

____ I have retired and do not wish to continue my membership with MAE/NEA

Signature Required

Date

**For more information on the benefits as a retired member contact the
MAE office at the above address or telephone numbers.**

****COMPLIMENTARY LIFE INSURANCE (NEA DUES TAB) IS NOT INCLUDED AS A BENEFIT**
NEA does offer many **low-cost** Life Insurance Programs

Enjoy your Retirement



Membership Change/Update Record Form

Please give us correct information about you. We want to serve you better.

If you have no changes, please retain this form for future updates and changes. Also, if you are retiring or have retired, please complete other side of this form. Email our membership assistant, Teresa Robinson at trobinson@maetoday.org.

Please Print

Name: _____ (former last name) _____

Last 4 Digits of SSN _____ Personal **(not school)** E-Mail _____

Home Address _____

City, State, Zip _____ Telephone (Cell) _____

___ My New Local Association is _____

___ My New Employer: _____

School District

Name of School of Building

___ Work Telephone _____

___ Desired number of bank draft deductions (maximum is 12) _____

___ **Political Action Contribution Amount** \$ _____ (Make check payable to **MAE-FCPE**)

___ I have changed my account. **Attached is a VOID check** on the NEW account I want drafted.

___ I have changed my credit card _____

Credit Card Number

Expiration Date

Name, as it appears on card

Signature of Cardholder

___ **Other change request not listed above (note here)** _____

****Signature required:** _____ **Date** _____

**** Because members have a right to certain benefits, including free life insurance, your signature is required for certain changes to your UEP membership.**

Mail or FAX to:

**MEMBERSHIP RECORDS
MISSISSIPPI ASSOCIATION OF EDUCATORS
775 NORTH STATE STREET
JACKSON, MISSISSIPPI 39202-3086
TELEPHONE: 1-800-530-7998
FAX: (601) 352-7054**