

# ISEA/NEA Retired

## Are you a member?

### “I AM!”

The Inclusive Association Membership (I AM) program is open to active members of ISEA who are at least forty-five (45) years of age or who are eligible to receive a pension from an educational employment retirement system. The program allows active members to pre-pay a Retired Lifetime membership over a three-year period *before* they retire.

- Members enrolling in I AM beginning in 2020-21 will pay \$263 each year for two years and \$262 the third year -- a total of \$788 for a lifetime membership in ISEA/NEA Retired. By enrolling now, the dues will be locked in at the \$788 amount. Next year, this amount may go up for new enrollees.
- Annual payments will be collected through the payment method selected by the member, with the I AM portion added to the amount already being deducted for an active membership.
- Members who want to pre-pay the entire amount without having to enroll in the I AM program may simply send a \$788 check made payable to ISEA.
- I AM members will become pre-retired lifetime subscribers of ISEA/NEA Retired upon completion of their full obligation, as well as lifetime ISEA/NEA Retired members upon retirement.
- Members who retire or leave the field of education prior to completing three years of I AM payments will, at that time, have the option of paying the remaining balance to become ISEA/NEA Retired Lifetime members.
- I AM payments toward an ISEA/NEA Retired Lifetime membership are non-refundable.
- Members who have already retired are not eligible for this program.
- No active ISEA member may vote or hold office as an ISEA/NEA Retired member until he/she officially retires.

**Retirement means leaving your job, not your profession.**

**ISEA/NEA Retired works for you!**

I have read the above provisions and wish to enroll as an I AM member:

Local Association: \_\_\_\_\_ UniServ Unit: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to your local membership contact or mail to your UniServ unit.