



Yes! I want to continue to support public employees and educators once I retire by joining MFPE-Retired! Sign me up!

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home phone (____) _____ **Cell phone** (____) _____

Date retired (or plan to retire) _____

Personal email address _____

All MFPE-Retired memberships are “unified” - when you join MFPE-R, you also join the retired program of NEA.

1. I will be retiring as a:

☐ **K-12 Certified Educator or Higher Education Faculty Member**

Your one-time cost is \$500 (NEA \$300 + MFPE \$200).

☐ **State/county/city or classified k-12 or university employee**

Your one-time cost is \$380 (NEA \$180 + MFPE \$200).

2. Are you currently working, or already retired?

☐ **Pre-Retired:** I currently work and want to pre-pay, so I'll be an MFPE-R member when I retire

Individuals purchasing pre-retired membership more than three years prior to actual retirement may choose to split EFT payments over 36 months. Should retirement begin prior to completion of payments, the remaining balance comes due at that time. Either enclose a check for the correct total amount (\$500 or \$380, based on your answer to #1), OR complete the back of this form and attach a voided check for monthly payments.

☐ **Retired:** I've already retired and I want to rejoin my union family as an MFPE-R member

Individuals purchasing retired membership can pay all at once, or may choose to split EFT payments over a maximum of 12 months, within one MFPE fiscal year (9/1 through 8/31). Either enclose a check for the correct total amount (\$500 or \$380, based on your answer to #1), OR complete the back of this form and attach a voided check for monthly payments.

Please mail form, payment and/or voided check to MFPE, 1232 E. 6th Avenue, Helena, MT, 59601.

Signature _____ **Date** _____

**AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT OF
RETIRED MEMBERSHIP DUES (26-27)**

MFPE, 1232 E 6th Street, Helena, MT 59601

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

I (we) hereby authorize MFPE to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by the MFPE.

NAME OF BANK CUSTOMER (EXACTLY AS CHECKS ARE SIGNED)	YOUR ACCOUNT NUMBER
FULL NAME OF BANK	BANK ROUTING NUMBER (9 DIGITS)
BANK ADDRESS, CITY, STATE, AND ZIP CODE	

This authorization is to remain in full force and effect until MFPE and BANK have received payment in full on the amount agreed upon below. Should this agreement not be fulfilled to completion MFPE has the right to terminate the Lifetime Retired membership without further notice. All amounts paid are non-refundable and non-transferable.

DATE COMPLETED	SIGN AS YOU SIGN YOUR CHECKS
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CURRENT YEAR INFORMATION	
ADDRESS _____	LOCAL NAME _____
_____/ _____ ZIP	LOCAL # _____
TELEPHONE NO. (____) _____	HOME EMAIL _____

Total Obligation \$ _____

Number of monthly payments _____

Monthly Payment Amount \$ _____ Please note - Deductions will be made on the 10th day of each month.

ATTACH VOIDED CHECK HERE - This authorization will not be accepted unless a voided personal check is attached.