FEA-RETIRED (DIRECT) MEMBERSHIP 2022-2023

(The membership year runs September 1, 2023 through August 31, 2024)

NAME:	
ADDRESS:	
CITY:	COUNTY:
STATE: ZIP CODE:	
SOCIAL SECURITY NUMBER: (last four digits)	
MOBILE PHONE: HOME	PHONE:
PERSONAL EMAIL:	
RETIREMENT DATE:LOCAL RETIRED FR	OM:
(Please ✓ category of Retired (II	nstructional) membership)
☐ Annual Retired (Instructional)	
☐ Lifetime Retired (Instructional) (one-time payment)	
**Pre-Retired Subscriber (Instructional) (one-time paymen	
OR (Please ✓ category of Retired (ESP) membership)	
□ Annual Retired (ESP)□ Lifetime Retired (ESP) (one-time payment)	·
**Pre-Retired Subscriber (ESP) (one-time payment)	
**NOTE: In order to maintain your NEA insurance(s) you MUST maintain current membership with FEA-Retired. **	
Mail check and membership application to: Florida Education Association Attention: Carol Drury, Membership Specialist 213 South Adams Street - Tallahassee, FL 32301 (850) 201-2976 (Direct line) - (850) 201-1675 Your membership is important to us!	
*If paying by VISA or MasterCard, complete the following: (Check One)	
☐ MasterCard ☐ VISA	A
Name: Print Name Exactly As It Appears On Account	
Acct#: CVV CODE#	
Expiration Date:	/
Month	Year
Signature	

UNIFIED MEMBERSHIP IS REQUIRED