



Uniting educators. Moving education forward.

**ALREADY RETIRED MEMBERSHIP FORM**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Initial** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Area Code/ Home Telephone #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Local Association retired from** \_\_\_\_\_

**Retirement Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have enclosed a check/money order for: (check one below)**

**WEAC/NEA-Retired Annual dues (\$65)**

**WEAC/NEA-Retired Life Membership (\$375)**

**Total dues amount remitted:** \_\_\_\_\_

To join, print out the enrollment form below, complete the requested information, and mail it with check/money order, made payable to WEAC-Retired (please do not send cash), to: WEAC-Retired Membership, P.O. Box 681132, Chicago, IL 60695-2132.