

OEA-PRE-RETIRED / NEA-PRE-RETIRED

LIFETIME MEMBERSHIP Application Form
DIRECT PAYMENT PLAN Authorization Form

Oregon Education Association
6900 SW Atlanta St
Portland, OR 97223-2513



PRE-RETIRED

This form is for **ACTIVE members** who wish to purchase a life membership in OEA-and/or NEA Retired Lifetime PRIOR to Retirement . *Join now to lock in your Lifetime membership at current rates, a smart step toward your retirement.*

Member ID # _____ or last 4 digits of SSN _____

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ *Email _____

**Email is the OEA-Retired's preferred method of communication*

Current District _____

SELECT FROM THE FOLLOWING MEMBERSHIP OPTIONS:

- OEA/NEA Lifetime Membership-Payment in Full: 1 payment = \$550.00 Attach a check made payable to OEA for \$550.00
- NEA Lifetime Membership-Payment in Full: 1 payment = \$300.00 Attach a check made payable to OEA for \$300.00
- OEA Lifetime Membership-Payment in Full: 1 payment = \$250.00 Attach a check made payable to OEA for \$250.00
- OEA Lifetime Membership-Payment Plan: Down Payment \$10.00 Attach a check made payable to OEA for \$10.00 and complete the following authorization for EFT direct payment.

AUTHORIZATION FOR EFT DIRECT PAYMENT

OEA-Retired One Year Payment Plan: The first payment will be processed about the 15th of each month following receipt of your application. EFT payment schedule will be mailed upon receipt of application and down payment. Note: NEA does not offer a payment plan for NEA Retired Life– this option is only available for the OEA Retired Lifetime membership dues.

One Year Plan \$10.00 down + \$20/month for 12 months

1. Mark a box below to indicate the type of account that will be used for the monthly deduction:

Checking account or Savings account

Important: If you opt to stop payments prior to paying in full, all payments received up to that date will be non-refundable.

2. Include a voided check for verification of all financial institution information OR fill in your account number and routing number below

Financial Institution Name _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

I authorize Oregon Education Association to initiate electronic debit entries to my bank account for payment of my Retired Membership. I acknowledge that the origination of the ACH transactions from my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing or the membership has been paid-in-full.

Signature _____ Date _____

Staple Voided Check Here

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Please contact the OEA Membership Department at (503) 684-3300 or 1-800-858-5505 upon retirement.