

YES! I want the benefits of the MFPE/NEA Retired Program! Sign me up!

Name _____

Last Four Soc. Security # _____ Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Date retired or will retire _____

E-mail Address _____

All Retired memberships are “unified” when you join MFPE Retired, you also join NEA-Retired

Lifetime Membership: \$450.00 (NEA \$250.00 + MFPE \$200.00)

Enclosed is my check for \$450.00 payable to MFPE

Enclosed is my voided check for monthly installment payments with an electronic funds transfer to be completed by August 31, 2019. I have completed and signed the back of this form.

Signature _____ Date _____

Please check items of special interest to you:

- Contact me to help in Retired Program organizing.
- I want to be involved in MFPE and Retired MFPE lobbying.
- I want to be active in campaigns of MFPE/NEA recommended candidates.

Please mail this form and check(s) to:

MFPE
1232 East 6th Avenue
Helena, MT 59601

Keep MFPE working for you, protecting and improving:

- ✓ Your hard-earned retirement.
- ✓ Essential public services that keep you safe and healthy.
- ✓ Quality schools and universities for a strong economy and bright future.
- ✓ Social Security and Medicare through NEA and AFT.

MFPE’s Political Action Committee (PAC) works to elect candidates who support public education and public services.

Our Ballot Issue Fund (BIF) helps **pass** ballot initiatives that help public schools and services and **defeat** harmful ballot initiatives.

You can help by sending a separate check payable to **MFPE PAC/BIF**.

I want to help MFPE PAC and BIF. Here is my check for: \$25 \$35 \$50 \$ _____

Thank you!!

Contributions to MFPE Political Action Committee and Ballot Issue Fund are voluntary and not a condition of membership in Retired MFPE. Political action contributions are not deductible as charitable contributions for federal income tax purposes.



**AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT OF
LIFETIME RETIRED MEMBERSHIP DUES (18-19)**

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	SOCIAL SECURITY NUMBER
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CURRENT YEAR INFORMATION	
ADDRESS _____	LOCAL NAME _____
_____/_____ ZIP	LOCAL # _____
TELEPHONE NO. (____) _____	HOME EMAIL _____

Total Obligation \$ 450.00

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

Number of monthly payments _____
Maximum 12 months (all payments must be received within one MFPE fiscal year 9/1 thru 8/31)

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