

2016-17

**YES! I want the benefits of the
MEA-MFT/NEA Retired Program! Sign me up!**

Name _____ Date retired or will retire _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Home Phone (_____) _____

Email _____

All Retired memberships are “unified.” When you join MEA-MFT Retired, you also join NEA-Retired.

Lifetime Membership: \$450.00 (NEA \$250.00 + MEA-MFT \$200.00)

Enclosed is my check for \$450.00 payable to MEA-MFT.

Enclosed is my voided check for monthly installment payments with an electronic funds transfer to be completed by August 31, 2107. I have completed and signed the attached Authorization Agreement 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 MEA-MFT and MEA-MFT Retired lobbying.

I want to be active in campaigns of MEA-MFT/NEA recommended candidates.

Please mail this form and check(s) to:

MEA-MFT
1232 East Sixth Avenue
Helena, MT 59601

Keep MEA-MFT 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.

MEA-MFT Committee on Political Education (COPE) 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
MEA-MFT COPE/BIF

I want to help COPE and BIF! Here is my check for:

\$25 \$ 35 \$50 \$ _____

THANK YOU!!

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



Public Schools, Public Service

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT OF MEA-MFT RETIRED MEMBERSHIP DUES (2016-17)

MEA-MFT • 1232 East Sixth Street • Helena, MT 59601

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

I (we) hereby authorize MEA-MFT 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 MEA-MFT.

NAME OF BANK CUSTOMER (EXACTLY AS CHECKS ARE SIGNED)	YOUR BANK 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 MEA-MFT and BANK have received payment in full on the amount agreed upon below. Should this agreement not be fulfilled to completion, MEA-MFT 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 #
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CURRENT YEAR INFORMATION	
ADDRESS	LOCAL NAME
CITY ST ZIP	LOCAL #
TELEPHONE #	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 MEA-MFT fiscal year 9/1 through 8/31)

ATTACH VOIDED CHECK HERE

(This authorization will not be accepted unless a voided personal check is attached)