



NORTH CAROLINA RETIRED SCHOOL PERSONNEL

2025 – 2026 Membership Application

Tel: 800-662-7924 or 919-832-3000 Ex. 243 Fax 919-829-1626 Website: www.ncrsp.org



Member Information

<input type="checkbox"/> New Member			<input type="checkbox"/> Renewing Member		
*If New, Local County Preference:			Current Local County:		
Name:		First	Middle	Last	
Street Address/Apt #		City		State	Zip
Date of Birth		Gender		Last 4 of SS Number	
/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /	
Primary Phone		Mobile Phone		Email Address	
- -		-			
Ethnic Identity (Check One)		<input type="checkbox"/> American Indian / Alaska Native		<input type="checkbox"/> Black	<input type="checkbox"/> Multi-ethnic
		<input type="checkbox"/> Native Hawaiian / Pacific Islander		<input type="checkbox"/> Asian	<input type="checkbox"/> Other
		<input type="checkbox"/> White (not Hispanic)		<input type="checkbox"/> Hispanic	

Membership Type (Please check ONE box)	Dues Amount									
<input type="checkbox"/> I want to purchase NCRSP Membership <u>only</u>	\$144.00 / year									
<input type="checkbox"/> I already purchased the NEA-R Lifetime portion, just want to add NCRSP Membership	\$109.00 / year									
<input type="checkbox"/> I want to purchase in full NEA-R Lifetime Membership & Join NCRSP	<table border="1"><tr><td>\$300</td><td></td><td rowspan="4">Total Dues: \$409 (one-time payment)</td></tr><tr><td>One-time payment</td><td>+</td></tr><tr><td>NEA-R Lifetime</td><td>\$109.00/yr. Dues</td></tr><tr><td></td><td></td></tr></table>	\$300		Total Dues: \$409 (one-time payment)	One-time payment	+	NEA-R Lifetime	\$109.00/yr. Dues		
\$300		Total Dues: \$409 (one-time payment)								
One-time payment	+									
NEA-R Lifetime	\$109.00/yr. Dues									
<input type="checkbox"/> I want to purchase NEA-R Lifetime <u>only</u> (reduces my dues)	\$ 300.00 One time payment									

☐ Check here to receive the PANORAMA by US Mail.

*Be sure to provide your current email address.

Select Method of Payment:		<input type="checkbox"/> Payroll •12 months (Sept-Aug)	*Full SS# Required for Payroll Deduction	<input type="checkbox"/> Pay by Check
<input type="checkbox"/> E-Dues/Bank Draft				*All checks made payable to: NCAE
Attach VOIDED Check				
<input type="checkbox"/> Annual <input type="checkbox"/> 10 Months				
Select draft date:				
<input type="checkbox"/> 1 st /mo. <input type="checkbox"/> 25 th /mo.				
<input type="checkbox"/> Credit Card		Circle One (Visa / Master / Discover)		
Name on Card: _____				
Card Number: _____				
Exp: _____ CVV: _____				
<input type="checkbox"/> Annual <input type="checkbox"/> 10 Months		Draft date: 2 nd /month		

Referred by: _____ Member Local: _____

Member's Signature: _____ Date: _____

I hereby authorize NCAE/NCRSP to collect my membership dues in accordance with the pay method I have selected. This deduction will automatically renew each membership year. I understand that (a) I may revoke this collection by sending a written request to the NCRSP state office, and (b) dues are not refundable.

Return completed form to: NCRSP Attn: Membership, 3700 Glenwood Ave., Ste. 510, Raleigh, NC 27612

Rev. 5/25