



**Retired Membership Application**

NJPSA ID# \_\_\_\_\_

Term: July 1<sup>st</sup>, 2016 – June 30<sup>th</sup>, 2017

Please complete all information and return with payment to:  
**NJPSA, 12 Centre Drive, Monroe Township, NJ 08831-1564**  
Phone: 1-609-860-1200 Fax: 1-609-860-2999 Web: www.njpsa.org

Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Retirement Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

District Retiring from \_\_\_\_\_ School \_\_\_\_\_

Name of Replacement \_\_\_\_\_ Position \_\_\_\_\_

- Retired Member Dues (Per Term) \$ 90. (Insurance not included)
- Lifetime Retiree Membership \$ 365. (Insurance not included)
- Optional \$5,000 Term Life Insurance \$ 25. billed each year Must maintain membership
- Optional \*Personal Legal Program Fee \$ 75. billed each year Must maintain membership

Insurance Coverage is an annual option. There is no age limit.

**TOTAL AMOUNT ENCLOSED:**

\$

\*Extended Legal Program is an optional legal assistance program which provides discounted legal services on issues not related to employment

- Check Enclosed                       Visa                                       MasterCard

Account # \_\_\_\_\_ Exp Date: \_\_\_\_\_ last 3 digits on reverse \_\_\_\_\_

Cardholder Name: *Please print* \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

**Detach Here & Keep Bottom Portion** (Term: July 1<sup>st</sup>, 2016-June 30<sup>th</sup>, 2017)



**2016-2017 Retired Membership Application**

Member Name \_\_\_\_\_

Check # \_\_\_\_\_ OR Credit Card Type \_\_\_\_\_ Date Mailed \_\_\_\_\_ Amount \$ \_\_\_\_\_