

**RETIRED EDUCATORS OF NY NEW MEMBER ENROLLMENT FORM AND PROFILE**

Name (circle one) Mr. Miss Mrs. Ms. Dr. \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

(Circle one) Retired Educator Active Educator Associate (non-certified support staff) Year Retired \_\_\_\_\_

County of Residence \_\_\_\_\_ School Dist./College/Univ Retired From \_\_\_\_\_

Subject Area \_\_\_\_\_ Level Taught \_\_\_\_\_ Level of Admin if Applicable \_\_\_\_\_

**Spouse Enrollment - OPTIONAL** Referred by: \_\_\_\_\_

Spouse Name (circle one) Mr. Miss Mrs. Ms. Dr. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Retired Educator? Yes No (year retired) \_\_\_\_\_ Active Educator? Yes No State Retired From \_\_\_\_\_

School Dist./College/University Retired From \_\_\_\_\_

**Payment Options**

I have enclosed my check or money order made out to NYSRTA/RENY in the amount of: \_\_\_\_\_

Charge my: VISA Mastercard Credit Card# \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Print your name clearly as it appears on your card \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

**JOINING IS EASY**

*Member Dues: \$39.00*  
*Lifetime Dues: \$900.00*

**Mail to:**  
**RENY**  
**P.O. Box 490**  
**Amsterdam, New York 12010**  
**518-482-3509**



**The ONLY statewide organization which works solely on behalf of retired educators!**