

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!**