

**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**

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 \_\_\_\_\_

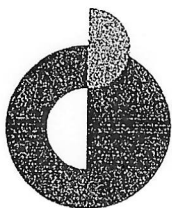
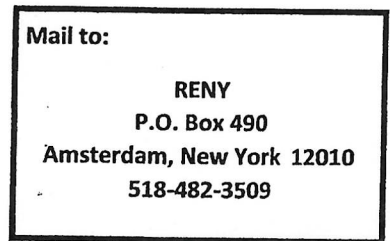
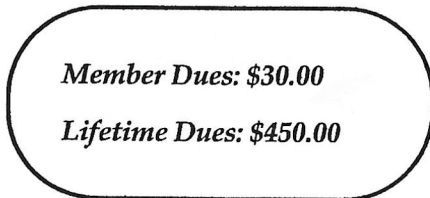
**Payment Options**

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 \_\_\_\_\_



**RENY**  
RETIRED EDUCATORS OF NY

*retirededucatorsny.org*

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