

HAWAII STATE TEACHERS ASSOCIATION - RETIRED

ASSOCIATE MEMBERSHIP APPLICATION

HSTA-R ANNUAL ASSOCIATE MEMBERSHIP DUES: \$48

NAME _____ SOC SECURITY NO. _____
Last First MI

ADDRESS _____
Street City State ZIP

PHONE _____ FAX _____ E-MAIL _____

SCHOOL/PLACE OF EMPLOYMENT _____

JOB TITLE/DESCRIPTION OF WORK YOU DID _____

DATE OF RETIREMENT _____

WERE YOU A HSTA ASSOCIATE MEMBER PRIOR TO RETIREMENT? ____ YES ____ NO

HAVE YOU EVER HELD ACTIVE MEMBERSHIP IN HSTA? ____ YES ____ NO

IF YOU ANSWERED YES, HOW LONG WERE YOU A MEMBER? ____ NUMBER OF YEARS

HSTA-Retired Associate Membership is open to any retiree who prior to retirement was eligible for HSTA Associate Membership and who is not eligible for another HSTA-Retired membership category.

HSTA Associate Membership is open to anyone who is considered certificated personnel in the Hawaii Department of Education and is not eligible for other HSTA membership categories, or who holds a comparable position in a Hawaii private school. In addition, part-time teachers, educational assistants, substitute teachers, and tutors are eligible for HSTA associate membership if they spend at least one-half of their work in the instruction of students and work in the State of Hawaii.

I hereby certify that I qualify for HSTA-Retired Associate Membership and wish to apply for membership.

Applicant's signature _____ Date _____

🍏 Instructions for payment of dues:

HSTA-R's membership year begins on September 1 and ends on August 31. Dues will be collected at the time of application. Applicants are asked to complete this membership application and mail it and a check for \$48 to:
**HSTA-R, 1200 Ala Kapuna Street,
Honolulu, Hawaii 96819**