

8/21/17

**HAWAII STATE TEACHERS ASSOCIATION – RETIRED
MEMBERSHIP APPLICATION**

NAME _____ SOC SECURITY _____
Last First MI (Last Four Numbers)

ADDRESS (Mailing) _____
Street City State Zip

PHONE: (Home) _____ (Mobile) _____ E-MAIL _____

RETIREMENT DATE _____ DISTRICT/STATE _____

NEA AFFILIATE _____ MEMBER from _____ to _____
HSTA, Other mo/yr mo/yr

Instructions for payment of dues:

HSTA-R’s membership year begins on September 1 and ends on August 31. Dues are deducted monthly from the member’s ERS retirement allowance beginning in September. There shall be no proration of dues for those who become members after the start of the membership year. If a membership application is not received in time to have deductions begin in September, HSTA-R will deduct dues in monthly installments based on dividing the annual dues by the remaining months in the membership year. HSTA-R and NEA-R require that members belong to both organizations.

Indicate Your Choice for Payment of Dues:

_____ Members, who pay for HSTA-R and NEA dues annually will have monthly deductions of \$6.92 (\$83.04 per year).

_____ Members, who choose to pay for HSTA-R dues annually and a one-time payment for NEA-R Life Membership are asked to enclose a check for \$250 made payable to HSTA-R. Their monthly deductions will be \$4.00 (\$48 per year).

_____ Check here, if you previously paid to become a Pre-Retired NEA-R Life Member Subscriber. Those, who previously paid for NEA-R Life Membership, pay no additional NEA-R dues. Their monthly deductions will be \$4.00 (\$48 per year).

The undersigned hereby applies for membership in the HAWAII STATE TEACHERS ASSOCIATION-RETIRED and authorizes the EMPLOYEES’ RETIREMENT SYSTEM OF THE STATE OF HAWAII to withhold the sum of \$6.92 or \$4.00 per month from any retirement allowance due me beginning with my next retirement allowance and continuing until this authorization shall be revoked in writing, and hereby authorize the Employees’ Retirement System to make such deductions from the retirement allowance on a monthly basis and pay such amount to HSTA for HSTA-R dues. This will also authorize any adjustments in deductions due to changes in HSTA-R dues.

Pensioner’s Signature _____ Date _____

Mail applications to: HSTA-R, 1200 Ala Kapuna Street, Honolulu, HI 96819