

## MEMBERSHIP LOCAL TRANSFER FORM

## **MEMBERSHIP INFORMATION (PLEASE PRINT)** Middle: Last: First Name: Street Address: City: \_\_\_\_\_State: \_\_\_\_Zip: \_\_\_\_Last 4 SSN: \_\_\_\_ Cell Phone: \_\_\_\_\_\_\_Personal Email (non-work): \_\_\_\_\_ \_By providing my phone number, I understand that the Georgia Association of Educators and its affiliates, including the NEA, may use automated calling techniques, prerecorded calls, and/or may text me on my phone on a periodic basis. The Georgia Association of Educators and its affiliates will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Note — Individuals may revoke this consent at any time, and their revocation must be honored. Violations carry penalties enforced by FCC. SCHOOL DISTRICT AND SCHOOL INFORMATION PAYMENT METHOD (Check preferred method) School District: Position/Subject: **RCC PAYROLL** Worksite: Employee Id: Recurring Credit/Debit Card Authorization (charges are debited last business day of each month) Name (as it appears on card): Payment (monthly payment): \$ \quad \text{Visa} \quad \text{Mastercard} \quad \text{Discover} Expiration Date: Billing address if different from mailing address Street Address:\_\_\_\_ \_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_ City: Electronic Funds Transfer (charges are debited last business day of each month) Bank Routing Number: Account Number: Signature (required to authorize payment(s)): \_\_\_\_\_\_Date: \_\_\_\_\_Date:

## Disclaimer

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- Georgia Association of Educators-Fund for Public Education (GAE-FPE) \$6 for Active Certified members and \$3 for Active Education Support
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