## **REGION 21**

## National Education Association – Retired Illinois Education Association – Retired Rockford Education Association – Retired 2022-2023

ivanie.					
Address:					
City:	State:	Zip: _			
Telephone:		Cell Phone:			
Social Security No.: XXX-XXX or ID# from membership Card:					
Email Address:					
NEA-IEA Lifetime Dues Amount:		REA Lifet	ime Dues Amount:		
PLEASE SEND A SEPARATE CHECK TO EACH IN ORDER TO ACTIVATE MEMBERSHIP					
NEA-R LIFE: \$300.00		REA-R LIFE:	\$100.00		
IEA-R LIFE: \$50.00					
Please make check payable to:		Please make check payable to:			
Illinois Education Association-NEA		Rockford Education Association			
Mail to:		Mail to:			
Attn: Maria Palmeri		Attn: Maria Palmeri			
7029 Rote Road, Rockford, IL 61107		7029 Rote Road, Rockford, IL 61107			

- Dues payments are not deductible as a charitable contribution for federal income tax.
- They may be deductible as a miscellaneous itemized deduction.
- Lifetime dues amounts are not refundable for any reason.

Name.

• It is your responsibility to notify IEA membership of any changes to your address, phone, or home email address.

If you have any questions, please feel free to call the IEA-REA Office @ 815-398-0995.

Signature:	Date:		
Recruiter:			



## Voluntary Payroll Deduction for the Illinois Political Action Committee for Education (IPACE)

MR MRS	MS	DR	
LAST	FIRST	M.I.	-
ADDRESS			=
CITY	STATE	ZIP	-
AREA CODE + PHONE NUMBI	ER		
EMAIL			
XXX - XX SOCIAL SECURITY NUMBER (	(last 4 digits)		
Contributions or gifts to IPACE are i	not deductible as charitable contril	butions for federal income t	ax purposes.
A	nnual Voluntary IPACE C	Contribution	
Contributions to the Illinois Posupport candidates for local cas a condition of membership methods below.	r state office. These contrib	outions are voluntary a	nd not required
CHECK ONE:			
Enclosed is my annual	voluntary IPACE contributio	n for the year 20	in the amount of \$30.00.
I wish to have my voluninstallments of \$2.50, and he amounts (or different amount to TRS prior to the beginning This authorization is to continis revoked by me for a succeedairman of IPACE or to the calendar year.	s that may be established a of a membership year) and ue in force unless I am no le eding contribution year by g	ct from my pension the nnually and communic to forward those amor onger an IEA-NEA me iving written notice to t	e foregoing ated by IEA-NEA unts to IPACE. mber or the authorization hat effect to the
I wish to contribute (circ	le one) \$40 \$50 \$75 \$100	) \$	
	1		
ase return completed form to: inois Education Association overnment Relations Dept.	SIGNATURE		
00 E. Edwards St. pringfield, IL 62704	DATE	7/23/21	-