**RC 10 SUSTAINING MEMBERSHIP FORM**

\_\_\_ Perm Sus Ck No \_\_\_\_\_\_\_\_\_

\_\_\_ Sus Date \_\_\_\_\_\_\_\_\_\_

\_\_\_ Soc Amt \_\_\_\_\_\_\_\_\_\_

\_\_\_ Scholarship Yrs \_\_\_\_\_\_\_\_\_\_\_

WEBSITE

This section is for Office Use Only.

**July 1, 2021-June 30, 2022**

**SEND TO: Davia Dymond, Membership Director**

 **32 Appletree Lane**

 **Clifton Park, NY 12065**

 **Questions:** rc10membership@aol.com

**PLEASE PRINT ALL INFORMATION AND FILL IN ALL BLANKS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If this is a name change, please indicate previous name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I retired in (year) \_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

as a \_\_\_\_\_Teacher \_\_\_\_\_Counselor \_\_\_\_\_Medical \_\_\_\_\_School Related Personnel

in \_\_\_\_Elementary School \_\_\_\_\_Middle School \_\_\_\_\_High School \_\_\_\_\_District Level

Teacher: Subject Taught/Area of Concentration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School- Related Professional Work Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Operations and Maintenance \_\_\_\_\_ Clerical \_\_\_\_\_ Bus Driver \_\_\_\_\_ Classroom \_\_\_\_\_ Other

If you are interested in volunteering with RC 10, please contact rc10secretary@hotmail.com.

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**Membership:** Make Membership checks payable to: **NYSUT Retiree Council 10 and complete the following**

**Please place an X before the correct statement:**

**Number of Years retired:** \_\_\_ **20 years or less (after 2001)** and am including $20.

 \_\_\_ 20 years or less, have an annual pension of less than $25,000, and am including $10.

 \_\_\_ **21 years or more (since 2001 or before)** with no fee to still receive information from RC 10.

 \_\_\_ 21 years or more (since 2001 or before) and I am including $\_\_\_\_\_\_\_ to help support RC 10.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Do Not Separate \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Scholarship:** Please enclose a **SEPARATE** **CHECK\*\*** made payable to **NYSUT Retiree Council 10 Scholarship.**

 \_\_\_\_\_ I am enclosing $\_\_\_\_\_\_\_ as a donation for the **Scholarship Fund**. **\*\*The bank requires a separate check.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Do Not Separate \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**ONLY** **Fee-Paying Members (Teachers or SRPs) of another Retiree Council (not RC 10) who are in New York State or Florida:**

**\_\_\_\_** I would like to become a **SOCIAL MEMBER** and am including $20.

I retired in (year) \_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

![MP900386763[1]]()![MP900386763[1]]()- - - - - - -**CUT HERE AND KEEP THE SECTION BELOW FOR YOUR RECORDS**- - - - -

**Keep this section as your 2021-2022 RC 10 Membership receipt.**

**No Membership Card or receipt will be issued.**

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For another form and/or more RC 10 information: www.rc10.ny.aft.org**