

RC 10 SUSTAINING MEMBERSHIP FORM
July 1, 2023-June 30, 2024

SEND TO: Davia Dymond, Membership Director
32 Appletree Lane
Clifton Park, NY 12065
Questions: rc10membership@aol.com

<input type="checkbox"/> Perm Sus	Ck No _____
<input type="checkbox"/> Sus	Date _____
<input type="checkbox"/> Soc	Amt _____
<input type="checkbox"/> Scholarship	Yrs _____
WEBSITE	This section is for Office Use

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 Professional

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.

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

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 2003)** 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 2003 or before) with no fee to still receive information from RC 10.
 21 years or more (since 2003 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**.

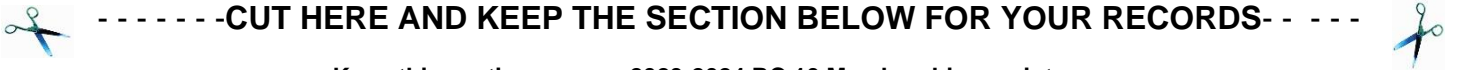
I am enclosing \$_____ as a donation for the **Scholarship Fund**. ****The bank requires a separate check.**

***** 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



-----CUT HERE AND KEEP THE SECTION BELOW FOR YOUR RECORDS-----

Keep this section as your 2023-2024 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