

**RC 10 SUSTAINING MEMBERSHIP FORM**  
**July 1, 2024-June 30, 2025**

**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 _____
WEB	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 rc10communications@gmail.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 2004)** 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 2004 or before)** with no fee to still receive information from RC 10.  
 21 years or more (since 2004 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 a different 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 2024-2025 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](http://www.rc10.ny.aft.org)**