# RC 10 CONTRIBUTING FORM
## July 1, 2026-June 30, 2027

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

To complete and pay on-line, use this link or QR code:

| | |
|---|---|
| ___ Perm Sus | Ck No _____ |
| ___ Sus | Date _____ |
| ___ Soc | Amt _____ |
| ___ Scholarship | Yrs _____ |
| EMAIL | This section is for Office Use |

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

First Name: _____ Middle Name: _____ Last Name: _____

If this is a name change, indicate previous name _____

Street: _____City: _____State: _____Zip: _____

Phone: (H)_____(Cell)_____ Email: _____

I retired in (year) _____ from _____District in county (circle):
Albany, Rensselaer, Saratoga, Washington

My job was: _____Teacher _____Counselor _____Medical _____School Related Professional

If you are interested in volunteering with RC 10, contact rc10communications@gmail.com .

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

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

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

**I RETIRED AFTER:** ___ **after 2006:** $20 ___ **after 2006:** pension less than $25,000, $10

**I RETIRED BEFORE** ___ **2006 or before:** no payment ___ **2006 or before:** $_____ to support RC 10

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

**SCHOLARSHIP:** _____ I am enclosing $_____ as a donation to the **Scholarship Fund**.
Please indicate Scholarship in the memo line of your 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 a check for $20 payable to NYSUT RC 10

I retired in (year) _____ from _____District in _____ County

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

**KEEP THIS SECTION AS YOUR 2026-2027 RC 10 CONTRIBUTING RECEIPT.**
**NO CONTRIBUTING 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**