



**RETIRED EDUCATORS ASSOCIATION OF MINNESOTA, INC.
MEMBERSHIP APPLICATION**

If you are retired or within 5 years of retirement as an educator (any school position), you are eligible for REAM membership.

Legal Name _____
(Last) (First) (Middle)

Mailing Address (Street or Route Box) _____

City _____ State _____ Zip _____

Winter Address (if different)* _____

*If not known at this time, please notify us when you do know it, either by regular mail or email
reammembership@gmail.com

Phone _____ Email Address _____

<p>CHECK MEMBERSHIP DESIRED</p> <p>1. <input type="checkbox"/> \$175 Life</p> <p>2. <input type="checkbox"/> \$70 Five Year <input type="checkbox"/> New <input type="checkbox"/> Renewal</p> <p>3. <input type="checkbox"/> \$15 Annual <input type="checkbox"/> New <input type="checkbox"/> Renewal</p> <p>Membership Year (Sept. 1 – August 31)</p>	<p>PENSION SOURCE</p> <p><input type="checkbox"/> TRA</p> <p><input type="checkbox"/> PERA</p> <p><input type="checkbox"/> St. Paul, Duluth</p> <p><input type="checkbox"/> Other</p>
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Make check payable to REAM. Mail payment and application to:

REAM Membership
Box 130547
Roseville, MN 55113

For membership card, enclose a self-addressed, stamped envelope.

To join or renew online visit <https://mnream.org>.