

RIPEA MEMBERSHIP FORM FOR ACTIVE EMPLOYEES

Annual Dues (Jan.-Dec.) \$18.00

RIPEA 2415 Directors Row, Suite M, Indianapolis, IN 46241 (800) 345-9214

RIPEA ID#: _____ Name: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ ZIP: _____ Telephone No. _____

Check here if you would like to receive your RIPEA Communicator newsletter via email. EMAIL ADDRESS: _____

Payment Choices: **Pay by Debit/Credit Card** **Pay by Check**

TO PAY BY DEBIT/CREDIT CARD (\$15.00 or \$18.00):

If you wish to authorize RIPEA to collect your membership dues automatically each year by using your Debit/Credit Card information and save \$3, call the RIPEA office at: (317) 789-0244 or (800) 345-9214, and please sign your name on the following line and add the date. Then please mail this form to RIPEA. The address is at the top of this form. Or, scan your completed form and attach it to an email addressed to: RIPEA@RIPEA.org. If you wish to authorize RIPEA to collect your membership dues for this coming year only, the dues are \$18.00. You may join or renew anytime during the year, but all memberships expire on December 31st.

Signature: _____ Date: _____

*If you are able to donate to the RIPEA Foundation, you may do this by Debit/Credit Card when paying dues. For information about the RIPEA Foundation, go to: <https://www.ripea.org/background-and-purpose>

TO PAY BY CHECK:

Complete this form and mail it and your check to the RIPEA office. The address is at the top of this form. You may join or renew anytime during the year, but all memberships expire on December 31st. If you are able to donate to the RIPEA Foundation, please add the amount of your donation to your check amount. For information about the RIPEA Foundation, go to: <https://www.ripea.org/background-and-purpose>

DUES (Circle one)

Annual Debit/Credit Card charge	\$15.00 OR	For RIPEA use only:
Non-recurring Debit/Credit Card charge	\$18.00 OR	
Pay by check or other form of payment	\$18.00	

FOUNDATION DONATION

\$5__ \$10__ \$15__ \$20__ \$25__ Other \$____ * \$_____

*Please check one

Posted _____

NOTE: Donations to the RIPEA Foundation are tax deductible. Group No. _____

Total: \$ _____

Dues expire December 31st
of each year.

Please return this full page. Do not tear off at perforations.