

## Electronic Fund Transfer (EFT) Data Request Form

**LOCAL NAME:**

**EFT TEAM LEADER'S Name/Info:**  
(EFT Team Leader must be a Member)

First Name

Last Name

E-Mail Address

Day Time Phone Number

**PRESIDENT'S Name/Info:**

First Name

Last Name

E-Mail Address

Day Time Phone Number

**TREASURER'S Name/Info:**

(Local dues will be mailed to the Treasurer)

First Name

Last Name

E-Mail Address

Day Time Phone Number

### LOCAL DUES INFORMATION

**IMPORTANT: Do you want NSEA to collect your local dues?** ☐ Yes ☐ No

(Payroll cannot be utilized for any type of deduction.)

- If NSEA collects local dues for EFT payees – NSEA will collect local dues for check & credit card payees.
- If NSEA does not collect local dues for EFT payees – NSEA will not collect local dues for check & credit card payees.

\_\_\_\_\_ What are your *current* number of pay periods? (ex. 12)

\_\_\_\_\_ What are your *current* pay date(s)? (ex. 30<sup>th</sup> or 1<sup>st</sup> & 15<sup>th</sup>)

\_\_\_\_\_ What months are your dues *currently* collected? (ex. October – July)

**Important:** Fill in your **2015-2016** local dues for **all** membership categories noted below. If you do not have local dues for a specific category, please put \$0.00. *If you do not know your local dues yet, please turn in without the dues noted.*

Professional Membership Category K-12 Teachers, school administrators, and substitutes with a teaching certificate who work for a public educational institution; higher ed faculty and adjunct professors <sup>6</sup> .	2015-2016 Individual Local Dues (example \$20)
Full Time (more than 50%)	\$
Half Time (50% or less)	\$
Quarter Time (25% or less)	\$
Substitute (not under contract – liability only)	\$
Substitute (under contract)	\$
Education Support Professional (ESP) Membership Category Custodians, bus drivers, para-educators, secretaries, cooks, and other support personnel who work for a public educational institution; and higher ed academic professionals or support staff.	2015-2016 Local Dues
My ESP annual salary is \$30,050 or above	\$
My ESP annual salary is between \$24,040 and \$30,049	\$
My ESP annual salary is between \$18,030 and \$24,039	\$
My ESP annual salary is between \$12,020 and \$18,029	\$
My ESP annual salary is between \$6,010 and \$12,019	\$
My ESP annual salary is \$6,009 or less	\$
ESP Substitute	\$

**DUE DATE: FEBRUARY 18**

**Return via mail to: NSEA Membership Department, 605 S 14<sup>th</sup> Street, Lincoln NE 68508**  
**or fax to: (402) 475-2630 or e-mail to: [membership@nsea.org](mailto:membership@nsea.org)**