

NATIONAL EDUCATION ASSOCIATION 2015-16 <u>Student Rebate Application</u>

Complete form and *mail*, *email OR fax* on or before MAY 1, 2016 to: NEA Membership Management Services, ATTN: Student Rebates

 Mail:
 Email:
 Fax:

 1201 16th Street, NW, Ste. 419
 studentrebate@nea.org
 (202) 822

Washington, DC 20036-3290

e. 419 <u>studentrebate@nea.org</u> (202) 822-7669 3290

washington, DC 20036-32	90
PLEASE CLEARLY PRINT or TY NEA INDIVIDUAL ID	<u>PE</u>
or SOCIAL SECURITY NUMBER	
FIRST NAME:	LAST NAME:
FORMER LAST NAME IF NEEDED TO VERIFY MBSHP	
ADDRESS:	
CITY:	STATE: ZIP:
PERSONAL EMAIL ADDRESS:	
 following requirements are met 2015-16 must be your first ye membership. Substitute men The application must be subm Verification of your membersh on the application in late Au address to studentrebate@ne NEA will not contact you prior SUBMIT MULTIPLE APPLIC. 	ar of educational employment and you must currently hold NEA Active mbers are not eligible for the rebate. itted to NEA by May 1, 2016. Be certain to provide ALL requested information. ip and eligibility will be made by NEA and a rebate check will be mailed to the address gust 2016. If your address changes before August 2016 please send the updated
Year(s) NEA STUDENT MEMBERSHI Held, e.g., 2014-2015	P Was NEA CHAPTER & STATE <i>or</i> COLLEGE WHEN STUDENT MEMBERSHIP WAS HELD
Held, eigh, 2014 2013	STOSENT INENDERISTIN WAS TIED
	pership and meet all the eligibility requirements described NEA Active membership in the following NEA State Affiliate:

I certify that I held NEA Student membership and meet all the eligibility requirements described above, including that I currently hold a NEA Active membership in the following NEA State Affiliate:

SIGNATURE:

DATE: