



2024-2025 Check Payers  
Remittance Form

Remit this form and checks to the NSEA by **September 10<sup>th</sup>**

Local Name: \_\_\_\_\_

Local Association Contact: \_\_\_\_\_

**INSTRUCTIONS:** List each member paying their total dues by check. Use additional copies of this form if needed. See reverse side for additional instructions on remitting the check payer dues. **Be sure and forward checks to NSEA as soon as possible. NSEA will start contacting unpaid check and credit card payers on September 10<sup>th</sup>.**

	NAME	\$ AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Total contributions

**Reminder: Credit Card Payers need to go to  
<http://www.nsea.org/members>  
by **September 10th**, to remit their payment.**

**\*\*CALL 800-742-0047 FOR HELP WITH THIS FORM\*\***

# Instructions for Completing the Check Payers Remittance Form

1. Complete this form by listing each member who is paying their dues in full by check. Add in local dues if #2 applies to your local.
2. If NSEA *collects local dues* for EFT payees – NSEA will collect local dues for check payees. If NSEA *does not collect local dues* for EFT payees – NSEA will not be collecting local dues for check payees.
3. Members should write their check payable to NSEA.
4. Total the dollar amount of the dues payments
5. Attach the checks to this form and return to NSEA by September 10<sup>th</sup>.

\*\*\* A copy of this form can be found at [www.nsea.org](http://www.nsea.org) under Member Info then under NSEA Treasurer's Packet\*\*\*

**\*\*CALL 800-742-0047 FOR HELP WITH THIS FORM\*\***