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.

NAME	\$ AMOUNT
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
Total contributions	

\*\*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.
- 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 under Member Info then under NSEA Treasurer's Packet\*\*\*

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

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