

2018-2019 MEMBERSHIP AGREEMENT

National Education Association and Nebraska State Education Association 605 S. 14th Street, Lincoln, NE 68508-2742

Required fields shown in red. Failure to complete will delay processing of your membership.

NAME				LOCAL ASSOCIATION			
LAST 4 DIGITS - SOCIAL SECURITY NUMBER				EMPLOYER NAME			
DATE OF BIRTH				BUILDING NAME			
ADDRESS				WORK PHONE			
CITY		STATE		ZIP		WORK E-MAIL	
HOME PHONE (Landline)				HIRE DATE			
CELL PHONE		TEXT? ⁷		YES		NO	
HOME E-MAIL				Were you a member in 2017-2018? YES NO			
				If yes, indicate the Local Association			

Payment Method	Position	Level	Ethnic Group ³	Registered Voter
Check in Full (pay after August 1 st)	Teacher	PK-12	American Indian/Alaska Native	Yes
Credit Card in Full	Subject Area: _____	Higher Ed	Asian	No
(enter CC info on back-will be processed after August 1 st)	Counselor		Black	
EFT (Electronic Funds Transfer)	Education Support Professional	Gender	Caucasian (not of Spanish origin)	Political Party
(October – July bank draft)	Position: _____	Male	Hispanic	Democrat
Complete authorization below.*	Administrator*	Female	Multi-Ethnic	Independent
			Native Hawaiian/Pacific Islander	Republican
			Other	Other
			Unknown	

*Membership will not be processed until EFT banking authorization is received. * (Directly hires, evaluates, transfers, disciplines or dismisses)

EFT (Electronic Funds Transfer) – Bank Draft Authorization (Complete this authorization or attach a voided check.)												
Account Type:	Checking			Savings			*Note: Do not use deposit slips for banking information.					
Bank Name:												
Bank Routing Number (9 digit):												
Bank Account Number												

Please select your membership category and mark one appropriate box. Write dues amount in gray box.

Professional Category and NSEA/NEA Dues		Education Support Professional Category and NSEA/NEA Dues:		Dues ¹	
PK-12 Teachers, school administrators, and substitutes with a teaching certificate who work for a public educational institution; higher ed faculty and adjunct professors ⁶ .		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.		NEA/NEA	
Full Time (more than 50%)	\$599.00	My ESP annual salary is \$32,250 or above	\$523.50	Local	
Half Time (50% or less)	\$311.00	My ESP annual salary is between \$25,800 and \$32,249	\$482.80	NEA-FUND ²	
Quarter Time (25% or less)	\$269.00	My ESP annual salary is between \$19,350 and \$25,799	\$354.90	Local PAC	
Substitute (not under contract – liability only)	\$116.75	My ESP annual salary is between \$12,900 and \$19,349	\$273.50	TOTAL	
Substitute (under contract)	\$269.00	My ESP annual salary is between \$6,450 and \$12,899	\$168.85	Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.	
		My ESP annual salary is \$6,449 or less	\$ 87.45		
		ESP Substitute	\$148.50		

¹ **Dues: NSEA POLITICAL ACTION FUNDS AND REFUNDS:** NSEA is actively involved in financial support for recommended candidates for state and local office. NSEA's political action program is supported by voluntary contributions collected with the membership dues. This year's contribution is \$15.00 for full-time active members and \$7.50 for half-time and active substitute members. Individuals in other membership classifications make no PAC contributions. Any NSEA member may request a refund of their contribution for the current membership year. Refunds are made after January 1 of each year, upon written request from an individual member. A refund notice will appear in the NSEA Voice. Membership is open only to those who agree to subscribe to the goals and objectives of the Association and to abide by its constitution and bylaws.

² **The NEA FUND:** The NEA Fund for Children and Public Education (NEA-FUND) collects voluntary contributions from Association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to the NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal.

Contributions to the NEA Fund are not deductible as charitable contributions for federal income tax purposes.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of the employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits The NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

2018-2019 MEMBER ENROLLMENT AUTHORIZATION: In exchange for membership benefits as provided by NSEA policies and bylaws, I agree to pay to the NSEA the full amount of annual dues and/or contributions indicated above. This Agreement shall automatically renew each school contract year, and I agree to accept and pay any changes in the amount of dues and/or contributions officially adopted by the respective governing bodies upon certification in writing by the local association unless such renewal is revoked in writing to the local association.

I agree by signing below that I will pay the total annual dues by the payment method indicated above. I acknowledge that the revocation of my authorization for a payment method does not revoke my obligation to pay the total dues amount unless notice is otherwise provided. I affirm that the above information is accurate to the best of my knowledge.

AUTHORIZATION SIGNATURE _____ **DATE** _____
(Please read note 5 on back, if dated before September 1st)

EXPLANATIONS

³ Ethnic Group

Ethnic minority information is optional, and failure to provide it will in no way affect your membership status, rights or benefits in NEA, NSEA or any of their affiliates. The information will be kept confidential. This data is collected to ensure ethnic minority guarantees in the governance of the Association.

⁴ NEA Life Members

NEA Life members need to subtract the appropriate NEA dues amount from the amounts listed on the front. Specific information is available from the Organizational Specialist or the NSEA Membership department 1-800-742-0047.

⁵ Dated before September 1, 2018

As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to September 1, 2018, but in no event before April 1, 2018 -- benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs.

As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2018-2019 membership year in accordance with established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2018.

⁶ Higher Ed Adjunct Professors

An adjunct professor is a part-time professor who does not hold a permanent position at that particular academic institution. Dues are based on a part-time Active Professional level, depending on the number of hours worked.

⁷ Texting

I hereby consent to receive autodialed and/or pre-recorded telemarketing calls or text messages from or on behalf of the Nebraska State Education Association (and/or NSEA's affiliates) at the telephone number provided on the application, including my wireless number, if applicable. Carrier message and data rates may apply to such communications. Reply STOP to any message received to discontinue receiving calls and/or text messages from the NSEA. I understand that this consent is not a condition of membership with the NSEA.

Sample EFT Banking Information Location



CREDIT CARD AUTHORIZATION FORM	
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Cardholder Name (as shown on card):	
Credit Card Number:	
Expiration Date (mm/yy):	
3-Digit Security Code (back of card):	
Credit Card Billing Address/City/State/Zip (Only needed if different from the front of this application)	
I authorize the charge of my credit card for the full payment of dues.	
Authorization Signature	Date