

**NATIONAL EDUCATION ASSOCIATION**

***2016-17 Student Rebate Application***

**Complete form and *mail, email OR fax* on or before MAY 1, 2017 to:**

 **NEA Membership Management Services, ATTN: Student Rebates**

 ***Mail: Email: Fax:***

 1201 16th Street, NW, Ste. 419 studentrebate@nea.org (202) 822-7669

 Washington, DC 20036-3290

***PLEASE CLEARLY PRINT or TYPE***

|  |  |
| --- | --- |
| **NEA INDIVIDUAL ID**or **Social Security Number** |  |
| **First NAME:** |  | **last name:** |  |
| **former last name if needed to verify mbshp** |  |
| **Address:** |  |
| **CITY:** |  | **STATE:** |  |  **ZIP:** |  |
| **PERSONAL EMAIL ADDRESS:** |  |

Rebate of $20 **for each year you held a Student membership up to four years** will be issued provided the following requirements are met:

1. **2016-17** must be your **first year** of educational employment and **you must currently hold NEA Active membership**. *Substitute members are not eligible for the rebate.*
2. The application must be submitted to NEA by **May 1, 2017**. Be certain to provide ALL requested information.
* Verification of your membership and eligibility will be made by NEA and a rebate check will be mailed **to the address on the application in *late*** **August 2017***. If your address changes before August 2017 please send the updated address to* studentrebate@nea.org
* NEA will ***not*** contact you prior to mailing your rebate check unless additional information is required. **DO NOT SUBMIT MULTIPLE APPLICATIONS. This could delay processing!!**

***Below is a record of my college or NEA chapter/state affiliate while I was a NEA Student member:***

|  |  |
| --- | --- |
| **Year(s) NEA STUDENT MEMBERSHIP Was Held, *e.g., 2015-2016*** | **NEA CHAPTER & STATE *or* COLLEGE WHEN****STUDENT MEMBERSHIP WAS HELD** |
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|  |  |
|  |  |
| 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: **

**For NEA Use Only**