# 2019-2020 MEMBERSHIP AGREEMENT Enrolled by (name):

National Education Association and Nebraska State Education Association 605 S. 14<sup>th</sup> Street, Lincoln, NE 68508-2742 Fax: 1-402-475-2630 E-Mail: membership@nsea.org

Required fields shown in red. Failure to com	olete will delay	y proces	sing of you	ur members	ship.	boron		Jun	org		V/	LID JA	ANUARY	– FEBI	RUARY 20	)20
NAME					LOCAL	ASSOCIA	ATION									
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 D	ATE										
CELL PHONE	ſ	EXT? <sup>7</sup>	YES	NO	Were yo	ou a memb	per in 2018	-201	9? YE	S / N	10					
HOME E-MAIL					If yes, indicate the Local Association											
Payment Method P	osition				Lev	/el		Eth	nic Gro	oup <sup>3</sup>				Regis	stered Vot	er
Credit Card in Full  EFT (Electronic Funds Transfer) (through July bank draft) Complete authorization below.*  *Membership will not be processed until	Teacher Subject Area: Counselor Education Su Position: Administrator Directly hires, eva	pport Pr	ofessional	nes or dismiss	 	PK-12 Higher E nder Male Female	Ed		Asian Black Cauca Hispar Multi-E	Ethnic Hawaiia	ot of S	panish	origin)	D D In	lo <u>cal Party</u> emocrat idependen epublican	ıt
EFT (Electronic Funds Tran Account Type:		a <mark>nk D</mark> r Check			n (Con /ings		t <mark>his aut</mark> : Do not								,	
Bank Name:											1.1		U			
Bank Routing Number (9 digit):																
Bank Account Number																
Please select your membership category <u>Professional Category and NSEA/NE</u> PK-12 Teachers, school administrators, and substitutes certificate who work for a public educational institution; h and adjunct professors <sup>6</sup> .	A Dues with a teaching	Educ Custodi	ation Sup ians, bus drive ork for a publ	port Profe ers, para-edu	essional C cators, secre	ategory taries, cook	and NSE	supp	oort perso	onnel		NE	Du EA⁴/NSEA Loca	-		
Full Time (more than 50%)	\$304.50		My ESP an	nual salary i	is \$32,676	or above			\$266	.25			A-FUND			
Half Time (50% or less)	\$158.00		My ESP an	,					\$245		_	L	ocal PAC. TOTAL			
Quarter Time (25% or less)	\$136.50	-	My ESP an						\$180		Г	)ues na	-		t deductib	le
Substitute (not under contract – liability on	y) \$118.25		My ESP an	nual salary i	is between	\$13,070 a	and \$19,60	5	\$139	.00					utions for	

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.

\$136.50

\$293.00

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

subscribe to the goals and objectives of the Association and to abide by its constitution and bylaws.

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.

My ESP annual salary is between \$6,535 and \$13,069

My ESP annual salary is \$6,534 or less

<sup>1</sup> 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

<sup>2</sup> 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

**ESP** Substitute

2019-2020 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.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

AUTHORIZATION SIGNATURE

Reserve

Substitute (under contract)

DATE

\$ 85.70

\$ 44.40

\$150.75

federal income tax purposes. Dues payments (or a portion) may be

deductible as a miscellaneous

itemized deduction.

## EXPLANATIONS

#### <sup>3</sup> 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.

### <sup>4</sup> 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.

#### <sup>5</sup> Dated before September 1, 2019

As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to September 1, 2019, but in no event before April 1, 2019 -- 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 2019-2020 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, 2019.

### <sup>6</sup> 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

NAME ADDRESS CITY, STATE ZIP		DATE	0123 01-2546-6781
RM TO THE OFFICER OF			\$
BANK NAME ADDRESS CITY, STATE ZIP			DOLLARS
CO123456784	01534567890123	e 0123	
Bank Routing Number	Bank Account Number	Check	

CREDIT CARD AUTHORIZATION FORM	
Type of Card:VisaMastercardDiscover	
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 in	f different from the front of this application)
I authorize the charge of my credit card for the full paym	ent of dues.
Authorization Signature	Date