2019-2020 MEMBERSHIP AGREEMENT

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

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 YESNO						Were you a member in 2018-2019? YES / NO										
HOME E-MAIL							If yes, indicate the Local Association									
Position Check in Full (pay after August 1st) Credit Card in Full (enter CC info on back-will be processed after August 1st) FFT (Electronic Funds Transfer) (October – July bank draft) Complete authorization below.* *Membership will not be processed until EFT banking authorization is received. EFT (Electronic Funds Transfer) — Bank Draft Authorization Account Type: Bank Routing Number (9 digit): Bank Account Number						Gende	igher Eder er ale emale	nis au	thori	Black Caucasian (no Hispanic Multi-Ethnic Native Hawaii Other Unknown			of Spanish origin) n/Pacific Islander			
Please select your membership category an Professional Category and NSEA/NEA D PK-12 Teachers, school administrators, and substitutes with certificate who work for a public educational institution; higher and adjunct professors ⁶ . Full Time (more than 50%) Half Time (50% or less) Quarter Time (25% or less) Substitute (not under contract – liability only) Substitute (under contract)	Educ Custod who we suppor	eation Su ians, bus dr ork for a pu t staff. My ESP a My ESP a My ESP a My ESP a	pport Profevers, para-ediolic education nnual salary	ession ucators, sal institu is \$32, is between is between it is betwe	dues amount in gray box. ssional Category and NSEA/I ators, secretaries, cooks, and other sup institution; and higher ed academic pi \$32,676 or above between \$26,140 and \$32.675 between \$19,606 and \$26,139 between \$13,070 and \$19,605 between \$6,535 and \$13,069 \$6,534 or less				port personnel			NEA ⁴ /NSEA Local NEA-FUND ² Local PAC TOTAL Dues payments ar as charitable or federal income tax payments (or a payments or a payment of the control of th		e not dontributi purpose ortion) misco	ions for es. Dues may be	

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.

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 DATE

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.

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, 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.

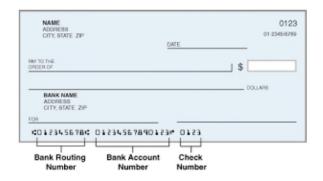
⁶ Higher Ed Adjunct Professors

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: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 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	