

2016-2017 MEMBERSHIP AGREEMENT – EARLY ENROLLMENT

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
SOCIAL SECURITY NUMBER	EMPLOYER NAME
DATE OF BIRTH	BUILDING NAME
ADDRESS	WORK PHONE
CITY STATE ZIP	WORK E-MAIL
HOME PHONE	HIRE DATE
CELL PHONE	Were you a member in 2015-2016? YES / NO
HOME E-MAIL	If yes, indicate the Local Association

Payment Method	Position	Level	Ethnic Group¹	Registered Voter
<input type="checkbox"/> Check/Payment in Full <input type="checkbox"/> Credit Card/Payment in Full (www.nsea.org/join) <input type="checkbox"/> EFT (Electronic Funds Transfer) (October – July bank draft) Complete authorization below.*	<input type="checkbox"/> Teacher Subject Area: _____ <input type="checkbox"/> Counselor <input type="checkbox"/> Education Support Professional Position: _____ <input type="checkbox"/> Administrator*	<input type="checkbox"/> PK-12 <input type="checkbox"/> Higher Ed Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No Political Party <input type="checkbox"/> Democrat <input type="checkbox"/> Independent <input type="checkbox"/> Republican <input type="checkbox"/> Other

*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:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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 ²	
PK-12 Teachers, school administrators, and substitutes with a teaching certificate who work for a public educational institution; higher ed faculty and adjunct professors ³ .		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 ³ /NSEA	
<input type="checkbox"/> Full Time (more than 50%)	\$TBD	<input type="checkbox"/> My ESP annual salary is \$30,700 or above	\$TBD	Local	
<input type="checkbox"/> Half Time (50% or less)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$24,560 and \$30,699	\$TBD	NEA-FUND ⁴	
<input type="checkbox"/> Quarter Time (25% or less)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$18,420 and \$24,559	\$TBD	Local PAC	
<input type="checkbox"/> Substitute (not under contract – liability only)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$12,280 and \$18,419	\$TBD	TOTAL	
<input type="checkbox"/> Substitute (under contract)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$6,140 and \$12,279	\$TBD	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.	
		<input type="checkbox"/> My ESP annual salary is \$6,139 or less	\$TBD		
		<input type="checkbox"/> ESP Substitute	\$TBD		

² **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.

⁴ **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.

2016-2017 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.

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

¹ 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.

³ 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, 2016

As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to September 1, 2016, but in no event before April 1, 2016 -- 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 2016-2017 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, 2016.

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.

Sample EFT Banking Information Location

The diagram illustrates the layout of a check with labels for EFT banking information. The check is light blue and contains the following fields:

- NAME**: Located at the top left.
- ADDRESS**: Located below the name.
- CITY, STATE ZIP**: Located below the address.
- 0123**: Located at the top right.
- 01-2345/6789**: Located below the top right number.
- DATE**: Located in the center.
- REF TO THE ORDER OF**: Located on the left side.
- \$**: Located to the right of the order of field.
- DOLLARS**: Located to the right of the dollar sign.
- BANK NAME**: Located below the order of field.
- ADDRESS**: Located below the bank name.
- CITY, STATE ZIP**: Located below the address.
- FOR**: Located below the bank information.
- ⑆0 23456789⑆ 0 234567890 23⑆ 0 23**: Located at the bottom of the check.

Labels at the bottom of the diagram point to the MICR line:

- Bank Routing Number**: Points to the first group of digits (0 23456789).
- Bank Account Number**: Points to the second group of digits (0 234567890 23).
- Check Number**: Points to the third group of digits (0 23).