

2017-2018 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
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		Were you a member in 2016-2017? YES / NO
HOME E-MAIL			If yes, indicate the Local Association

Payment Method	Position	Level	Ethnic Group¹	Registered Voter
<input type="checkbox"/> Check in Full due Sept. 10 <input type="checkbox"/> Credit Card in Full due Sept. 10 (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	*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 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 ⁵ .		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 \$31,200 or above	\$TBD	Local	
<input type="checkbox"/> Half Time (50% or less)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$24,960 and \$31,199	\$TBD	NEA-FUND ⁴	
<input type="checkbox"/> Quarter Time (25% or less)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$18,720 and \$24,959	\$TBD	Local PAC	
<input type="checkbox"/> Substitute (not under contract – liability only)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$12,480 and \$18,719	\$TBD	TOTAL	
<input type="checkbox"/> Substitute (under contract)	\$TBD	<input type="checkbox"/> My ESP annual salary is between \$6,240 and \$12,479	\$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 \$6,239 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.

2017-2018 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, 2017

As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive - - prior to September 1, 2017, but in no event before April 1, 2017 -- 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 2017-2018 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, 2017.

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

The diagram shows a check with the following fields and labels:

- NAME**, **ADDRESS**, **CITY, STATE ZIP**: Located at the top left.
- 0123**, **01-23456789**: Located at the top right.
- DATE**: A line for the date, located below the top right.
- PAY TO THE ORDER OF**: A line for the payee, located below the date.
- \$** and **DOLLARS**: A box for the amount and the word "DOLLARS", located to the right of the payee line.
- BANK NAME**, **ADDRESS**, **CITY, STATE ZIP**: Located below the payee line.
- FOR**: A line for the purpose of the payment, located below the bank information.
- ⑆012345678⑆ 01234567890123⑆ 0123**: A MICR line at the bottom of the check.
- Bank Routing Number**: A bracket pointing to the first three digits (012).
- Bank Account Number**: A bracket pointing to the next eight digits (34567890).
- Check Number**: A bracket pointing to the last three digits (123).