

2020-2021 MEMBERSHIP AGREEMENT

Enrolled by (name): _____

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 ____ YES ____ NO	Were you a member in 2019-2020?	YES	NO
HOME E-MAIL	If yes, indicate the Local Association			

Payment Method	Position	Level	Ethnic Group³	Registered Voter
<input type="checkbox"/> Check in Full (pay after August 1 st)	<input type="checkbox"/> Teacher	<input type="checkbox"/> PK-12	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes
<input type="checkbox"/> Credit Card in Full (enter CC info on back-will be processed after August 1 st)	Subject Area: _____	<input type="checkbox"/> Higher Ed	<input type="checkbox"/> Asian	<input type="checkbox"/> No
<input type="checkbox"/> EFT (Electronic Funds Transfer) (October – July bank draft) Complete authorization below.*	<input type="checkbox"/> Counselor	Gender	<input type="checkbox"/> Black	Political Party
	<input type="checkbox"/> Nurse	<input type="checkbox"/> Female	<input type="checkbox"/> Caucasian (not of Spanish origin)	<input type="checkbox"/> Democrat
	<input type="checkbox"/> Education Support Professional	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Independent
	Position: _____	<input type="checkbox"/> Other	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Republican
	<input type="checkbox"/> Administrator*	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Other	
		<input type="checkbox"/> Gender Expansive/Non-Confirming	<input type="checkbox"/> Unknown	

*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 PK-12 Teachers, school administrators, and substitutes with a teaching certificate who work for a public educational institution; higher ed faculty and adjunct professors ⁶ .	Education Support Professional Category and NSEA/NEA Dues: 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.	Dues¹
<input type="checkbox"/> Full Time (more than 50%)	<input type="checkbox"/> My ESP annual salary is \$33,150 or above	NEA ⁴ /NSEA
<input type="checkbox"/> Half Time (50% or less)	<input type="checkbox"/> My ESP annual salary is between \$26,520 and \$33,149	Local
<input type="checkbox"/> Quarter Time (25% or less)	<input type="checkbox"/> My ESP annual salary is between \$19,890 and \$26,519	NEA-FUND ²
<input type="checkbox"/> Substitute (under contract)	<input type="checkbox"/> My ESP annual salary is between \$13,260 and \$19,889	Local PAC
<input type="checkbox"/> Substitute (not under contract - liability only)	<input type="checkbox"/> My ESP annual salary is between \$6,630 and \$13,259	TOTAL
<input type="checkbox"/> Reserve ⁸	<input type="checkbox"/> My ESP annual salary is \$6,629 or less	Dues payments are not deductible as charitable contributions for federal income tax purposes.
	<input type="checkbox"/> ESP Substitute	

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 National Education Association Fund for Children and Public Education (NEA-FUND) collects voluntary contributions from Association members and uses these contributions 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.

Although The NEA Fund requests an annual contribution of \$15.00, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. Contributions to the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits The NEA Fund for Children and Public Education 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.

2020-2021 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 _____

(Please read note 5 on back, if dated before September 1st)

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, 2020

As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to September 1, 2020, but in no event before April 1, 2020 -- 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 2020-2021 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, 2020.

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.

⁸ Reserve Membership

Reserve membership shall be open to any person (i) who is on a leave of absence of at least six (6) months from the employment that qualifies him or her for Active membership or (ii) who has held Active or Educational Support membership in the Association but whose employment status no longer qualifies that individual for such membership.

Sample EFT Banking Information Location

NAME
ADDRESS
CITY, STATE, ZIP

DATE

REF TO THE ORDER OF

\$

BANK NAME
ADDRESS
CITY, STATE, ZIP

FOR

@ 1 2 3 4 5 6 7 8 9 0 1 2 3 *

Bank Routing Number Bank Account Number Check Number

CREDIT CARD AUTHORIZATION FORM

Type of Card: ☐ Visa ☐ Mastercard ☐ Discover

Cardholder Name (as shown on card):

Credit Card Number:

Expiration Date (mm/yy):

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