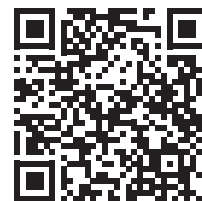


2025-2026 NSEA/NEA MEMBERSHIP AGREEMENT

JANUARY/FEBRUARY 2026

JOIN ONLINE: www.nsea.org/JoinNow or scan the QR code



FAX: (402) 475-2630 • EMAIL: membership@nsea.org

Referred by: _____

JOIN NOW! As a member, you join forces with fellow educators to make a difference in the social and racial justice issues that matter most to you and that affect your students' lives. The association works to achieve opportunities for all students and provides training to members to develop new teaching strategies.

Required fields shown in red. Failure to complete will delay processing of your membership.

ABOUT YOU			WHERE YOU WORK
NAME			LOCAL ASSOCIATION
DATE OF BIRTH			EMPLOYER NAME
ADDRESS			BUILDING NAME
CITY	STATE	ZIP	HIRE DATE
LANDLINE PHONE			WORK PHONE
CELL PHONE	TEXT? ⁷ <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERSONAL E-MAIL			WORK E-MAIL
WERE YOU A MEMBER IN 2024-25? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, INDICATE THE LOCAL:

POSITION	LEVEL	ETHNIC GROUP ³	REGISTERED VOTER?
<input type="checkbox"/> TEACHER SUBJECT AREA: _____	<input type="checkbox"/> PK-12	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE	<input type="checkbox"/> YES
	<input type="checkbox"/> HIGHER ED	<input type="checkbox"/> ASIAN	<input type="checkbox"/> NO
<input type="checkbox"/> COUNSELOR <input type="checkbox"/> NURSE <input type="checkbox"/> EDUCATION SUPPORT PROFESSIONAL POSITION: _____	GENDER	<input type="checkbox"/> BLACK	
	<input type="checkbox"/> FEMALE	<input type="checkbox"/> CAUCASIAN (NOT OF HISPANIC ORIGIN)	
<input type="checkbox"/> ADMINISTRATOR* <small>*DIRECTLY HIRES, EVALUATES, TRANSFERS, DISCIPLINES OR DISMISSES</small>	<input type="checkbox"/> MALE	<input type="checkbox"/> HISPANIC	POLITICAL PARTY
	<input type="checkbox"/> OTHER	<input type="checkbox"/> MIDDLE EASTERN OR NORTH AFRICAN (MENA)	<input type="checkbox"/> DEMOCRAT
	<input type="checkbox"/> TRANSGENDER FEMALE	<input type="checkbox"/> MULTIETHNIC	<input type="checkbox"/> INDEPENDENT
	<input type="checkbox"/> TRANSGENDER MALE	<input type="checkbox"/> MULTIRACIAL	<input type="checkbox"/> REPUBLICAN
	<input type="checkbox"/> GENDER-EXPANSIVE/ NON-CONFORMING	<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER	<input type="checkbox"/> OTHER:
		<input type="checkbox"/> OTHER	_____
	<input type="checkbox"/> UNKNOWN		

Please select your membership category and mark one appropriate box. Write dues amount in blue box.

Professional Category and NSEA/NEA Dues		Education Support Professional and NSEA/NEA Dues		DUES ¹	
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		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 ⁴ /NSEA	
<input type="checkbox"/> Full Time (more than 50%)	\$329.00	<input type="checkbox"/> My ESP annual salary is \$37,000 or above	\$282.75	LOCAL	
<input type="checkbox"/> Half Time (50% or less)	\$170.25	<input type="checkbox"/> My ESP annual salary is between \$29,600 and \$36,999	\$261.05	NEA-FUND ²	
<input type="checkbox"/> Quarter Time (25% or less)	\$145.88	<input type="checkbox"/> My ESP annual salary is between \$22,200 and \$29,599	\$190.65	LOCAL PAC	
<input type="checkbox"/> Substitute (not under contract - liability only)	\$62.13	<input type="checkbox"/> My ESP annual salary is between \$14,800 and \$22,199	\$147.25	TOTAL	
		<input type="checkbox"/> My ESP annual salary is between \$7,400 and \$14,799	\$90.35	MONTHLY DUES	
		<input type="checkbox"/> My ESP annual salary is \$7,399 or less	\$46.95	Dues payments are not deductible as charitable contributions for federal income tax purposes.	

PAYMENT METHOD

- ☐ Check in Full
 ☐ Credit Card - Payment in Full Only
 ☐ AutoPay (Electronic Bank Transfer)
 (October – July bank draft, no dues deducted August and September)
 Complete authorization on back.

COMPLETE THE BACK OF THIS FORM.

AutoPay (ELECTRONIC BANK TRANSFER): Bank Draft Authorization: Complete this authorization or attach a voided check.
Payment Plan: Dues deducted October – July; no dues are deducted in August and September.

ACCOUNT TYPE:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	NOTE: DO NOT USE DEPOSIT SLIPS FOR BANKING INFORMATION.
NAME ON ACCOUNT:			
BANK NAME:			
BANK ROUTING NUMBER (9 DIGIT):			
BANK ACCOUNT NUMBER:			

CREDIT CARD AUTHORIZATION FORM (Payment in Full Only)

TYPE OF CARD:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> 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			

- ☐ **ANNUAL PAYMENT AUTHORIZATION: YES!** I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations unless I revoke this authorization in writing during the timeframe stated in the local's bylaws of the membership year immediately preceding the membership year for which the authorization is to be cancelled.
- ☐ **MEMBERSHIP COMMITMENT: YES!** I want to join my fellow employees and become a member of the local association, the Nebraska State Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.
- ☐ **I UNDERSTAND THAT I CAN REQUEST TO END MY MEMBERSHIP AT ANY TIME, AND 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.**
- ☐ I authorize the Nebraska State Education Association or its designated local to charge my credit/debit card or checking/savings account, as provided above, for annual dues and for any authorized PAC contribution. I authorize the Nebraska State Education Association or its designated local to initiate electronic fund transfers from my credit/debit card or checking/savings account for annual dues and any authorized PAC contributions. I authorize those payments to be made through the initial membership year which begins September 1, 2025, and ends August 31, 2026, and recurring annually for each membership year thereafter. The total payments for the initial membership year dues obligation will be _____. Payments will be made in monthly installments in the amount of _____ on or around the _____ of each month, starting the first day of the month after I complete this agreement. I understand that the final installment may include a residual amount to account for any remaining balance. If there are any changes to the annual dues, I will be notified in writing at least 10 days before any adjustments are made. I acknowledge that I can cancel this authorization at any time by providing written notice. I understand that if the governing bodies of NEA or its affiliates change the amount of
- annual dues, the NSEA or local will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. The total amount of my NEA Fund for Children and Public Education contributions, if any, shall remain fixed unless I notify NSEA of any adjustments to future contribution amounts in writing sent to 605 S 14th St, Lincoln, NE 68508 or by e-mail at membership@nsea.org. Following either notice, I authorize the NSEA or local to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.
- I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to the NSEA at 605 S 14th St, Lincoln, NE 68508 and include my name, address, employer, and membership number. I understand that termination of this authorization will take effect 7 days after receipt by the NSEA. I further understand that termination of this authorization, or the rejection of any charge or debit, shall not constitute the termination of my membership or dues obligation.

AUTHORIZED SIGNATURE	DATE (READ NOTE 5 BELOW IF DATED BEFORE SEPT 1)
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EXPLANATIONS

- 1Dues: 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.

2The 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.

Contributions to the NEA Fund are not deductible as charitable contributions for federal income
- tax purposes. 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. Federal law requires political committees to use best efforts 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.

3Ethnic 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.

4NEA 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.

5Dated before September 1, 2025: As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive — prior to
- September 1, 2025 but in no event before April 1, 2026 — 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 2025-2026 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, 2025.

6Higher 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.

7Texting: 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.