

2021-2022 NSEA/NEA 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

JOIN ON-LINE
www.mynea360.org/s/join-now



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

Enrolled by: _____

NAME			LOCAL ASSOCIATION
DATE OF BIRTH			EMPLOYER NAME
ADDRESS			BUILDING NAME
CITY	STATE	ZIP	WORK PHONE
LANDLINE PHONE			WORK E-MAIL
CELL PHONE	TEXT? ⁷ YES ___ NO ___		HIRE DATE
HOME E-MAIL			Were you a member in 2020-2021? YES / NO If yes, indicate the Local:

Payment Method <input type="checkbox"/> Check in Full (pay after August 1 st) <input type="checkbox"/> Credit Card in Full (enter CC info on back-will be processed after August 1 st) <input type="checkbox"/> EFT (Electronic Funds Transfer) (October – July bank draft) Complete authorization below.*	Position <input type="checkbox"/> Teacher Subject Area: _____ <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse <input type="checkbox"/> Education Support Professional Position: _____ <input type="checkbox"/> Administrator* *(Directly hires, evaluates, transfers, disciplines, or dismisses)	Level <input type="checkbox"/> PK-12 <input type="checkbox"/> Higher Ed Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Gender/Expansive/Non-Conforming	Ethnic Group³ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Hispanic 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	Registered Voter <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 _____
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*Membership will not be processed until EFT banking authorization is received.

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 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%)	\$623.00	<input type="checkbox"/> My ESP annual salary is \$34,000 or above	\$542.50	Local	
<input type="checkbox"/> Half Time (50% or less)	\$323.00	<input type="checkbox"/> My ESP annual salary is between \$27,200 and \$33,999	\$500.40	NEA-FUND ²	
<input type="checkbox"/> Quarter Time (25% or less)	\$278.50	<input type="checkbox"/> My ESP annual salary is between \$20,400 and \$27,199	\$367.20	Local PAC	
<input type="checkbox"/> Substitute (not under contract – liability only)	\$120.25	<input type="checkbox"/> My ESP annual salary is between \$13,600 and \$20,399	\$283.00	TOTAL	
<input type="checkbox"/> Substitute (under contract)	\$278.50	<input type="checkbox"/> My ESP annual salary is between \$6,800 and \$13,599	\$174.30	Dues payments are not deductible as charitable contributions for federal income tax purposes.	
		<input type="checkbox"/> My ESP annual salary is \$6,799 or less	\$ 90.10		

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.

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

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.

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, 2021

As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to September 1, 2021, but in no event before April 1, 2021 -- 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 2021-2022 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, 2021.

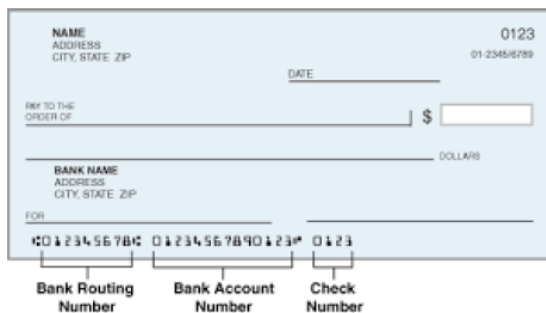
⁶ Higher Ed Adjunct Professors

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: <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)	
I authorize the charge of my credit card for the full payment of dues.	
Authorization Signature	Date