All donations from persons other than members of NEA and its affiliates, and their immediate families, will
be restricted to contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education.

Permanent residents may contribute to the NEA Fund for Children and Public Education only if they are supported by voluntary contributions collected with the membership dues. This year’s contribution is $15.00.

Individuals in other membership classifications make no PAC contributions. Any NSEA member may request a refund of their contribution for the current membership year. A refund notice will appear in the NSEA Voice.

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.

AUTHORIZED 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: ___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