



# KANSAS NATIONAL EDUCATION ASSOCIATION

715 SW Tenth Avenue, Topeka, KS 66612-1686

## 2018-2019

# Active Professional Membership Application

*All fields must be completed in order for membership to be activated.*



Kansas National Education Association

Name \_\_\_\_\_  
First Middle Last Maiden (if applicable)

SSN (last four) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  Home  Cell

Personal Email Address \_\_\_\_\_

Work email address \_\_\_\_\_

### Ethnicity (This information is optional and kept confidential.)

- Asian  Caucasian  Black  Hispanic  Native Hawaiian/Pacific Islander  Multi-Ethnic  Other
- American Indian/Alaska Native  Unknown

Date of Birth \_\_\_\_\_ Gender  Male  Female

Local Association (or USD#) NEA-Salina Employer USD 305 Salina Public Schools

Work Location \_\_\_\_\_

Position \_\_\_\_\_ Subject \_\_\_\_\_

### Select Membership Type

Active Professional (Licensed)				ESP (Classified)				Substitute	
2018-19 Dues	Full-Time	1/2 Time	1/4 Time	2018-19 Dues	Full-Time	1/2 Time	1/4 Time	2018-19 Dues	Full-Time
NEA Dues	\$192.00	\$107.50	\$65.50	NEA Dues	\$116.50	\$70.00	\$46.75	NEA Dues	\$15.00
KNEA Dues	\$394.00	\$197.00	\$98.50	KNEA Dues	\$126.00	\$63.00	\$31.50	KNEA Dues	\$55.00
Local Dues	\$ <u>25.00</u>	\$ <u>25.00</u>	\$ <u>25.00</u>	Local Dues	\$ <u>25.00</u>	\$ <u>25.00</u>	\$ <u>25.00</u>	Local Dues	\$ <u>25.00</u>
Total	\$ <u>611.00</u>	\$ <u>329.50</u>	\$ <u>189.00</u>	Total	\$ <u>267.50</u>	\$ <u>158.00</u>	\$ <u>103.25</u>	Total	\$ <u>95.00</u>

- Is 2018-2019 your first year of teaching?  Yes  No
- To the best of your knowledge, have you been a member of an NEA affiliate previously?  Yes  No
- Were you a student member last year?  Yes  No If so, how many years? \_\_\_\_\_ University? \_\_\_\_\_
- Are you a retired educator who has chosen to return to work?  Yes  No

### Choose your payment method

- Electronic Funds Transfer  Cash/Check (Include payment for full amount)  Payroll Deduction
- Total Number of Deductions: \_\_\_\_\_

**\*\*If using Electronic Fund Transfer, please complete the bank information below and attach a voided check.\*\***

Full Name of Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type  Checking  Savings

*Prior to any withdrawal of dues from the account listed above, you will be notified in writing of the amount of the monthly withdrawal and the date that such withdrawals will commence. 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.*

**Membership in NEA, KNEA and the local association is required.** If paying by payroll deduction, I hereby authorize the Board of Education to deduct from my salary my professional dues and assessments, as these sums are established or suggested annual to the local NEA-affiliated teachers association as indicated and to forward such amounts to that local association. This authorization is to continue in force unless revoked by me for succeeding membership year by giving written notice to that effect to my local association on or before August 10. I understand that if my employment is terminated prior to the deduction of the amounts authorized herein, the unpaid portion of dues, assessments will be collected to maintain membership in good standing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*After completing this application, the original signed copy should be sent to KNEA; a scan or photocopy should be provided to the local association and for personal records.*

KNEA Use Only: \_\_\_\_\_ Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Initials \_\_\_\_\_