

Flexible Dues Payment Options

Cash / Check

☐ I will pay the full amount of my annual dues today via cash or check.

Payroll Deduction

☐ I would like my dues to be deducted from each paycheck.

Electronic Funds Transfer (EFT)

☐ I would like to have my payments automatically withdrawn securely from my bank. (A copy of a voided check is needed to complete the EFT process).

Full Name of Bank

Routing Number

Account Number

Account Type

☐ Checking

☐ Savings

2022-2023 Active Professional (Licensed) Annual Dues

	Full-Time	1/2 Time	1/4 Time
NEA Dues	\$204.00	\$113.50	\$68.50
KNEA Dues	\$416.00	\$208.00	\$104.00
Local Dues	<u>30.00</u>	<u>30.00</u>	<u>30.00</u>
Total Dues	<u>650.00</u>	<u>351.50</u>	<u>202.50</u>

2022-2023 ESP (Classified) Annual Dues

	Full-Time	1/2 Time	1/4 Time
NEA Dues	\$122.50	\$73.00	\$48.25
KNEA Dues	\$133.00	\$66.50	\$33.25
Local Dues	<u>15.00</u>	<u>15.00</u>	<u>15.00</u>
Total Dues	<u>270.50</u>	<u>154.50</u>	<u>96.50</u>

2022-2023 Substitute Annual Dues

	Full-Time
NEA Dues	\$15.00
KNEA Dues	\$55.00
Local Dues	<u> </u>
Total Dues	<u> </u>

Membership Categories

Please select your type to the right.

KANSAS NATIONAL EDUCATION ASSOCIATION 2022-2023

Active Professional/ESP Membership Application

715 S.W. 10th Avenue, Topeka, KS 66612-1686

Name

First Name

Middle Name

Last Name

Maiden Name (Optional)

Address

Street Address

Street Address Line 2

City

State

Zip Code

Home Phone

Area Code

Phone Number

Mobile Phone

Area Code

Phone Number

Personal Email

example@example.com

Work Email

example@example.com

Personal Information


Ethnicity (Optional & Confidential)

- ☐ Asian
☐ Caucasian
☐ Black
☐ Hispanic
☐ American Indian / Alaska Native
☐ Native Hawaiian / Pacific Islander
☐ Multiethnic
☐ Other
☐ Unknown

Gender (Optional & Confidential)

- ☐ Female
☐ Male
☐ Gender Expansive / Non-Conforming
☐ Transgender Female
☐ Transgender Male
☐ Other

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Month	Day	Year	

Local Association or USD

NEA Salina

Employer

USD 305

Worksite / Location

Position / Role

Subject(s) Taught

Is 2022-2023 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

What University? _____

Are you a retired educator who has chosen to return to work?

- ☐ Yes
☐ No

Voluntary Membership Commitment

Please initial each of the following commitment terms and sign/date below.

Membership Commitment: YES!

- ☐ I want to join my fellow employees and become a member of the local association, the Kansas National 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 through [payroll deduction or other arrangement] unless I revoke this authorization in a signed writing sent to the Kansas National Education Association via U.S. mail between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

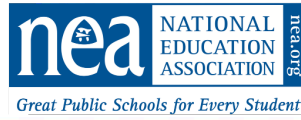
Payment Method Authorization Disclosure

- ☐ I acknowledge that I have received, read, and agree to the terms of the Authorization Disclosures for Electronic Funds Transfer and Paycheck Dues Deduction.

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.

Please use the box provided for your signature and today's date.

Please see the next page for dues information relative to membership type.



Authorization Disclosure: Dues Deduction from Paycheck

Below are the terms you agree to as part of your membership dues obligation IF you elect to have your school district deduct your association dues from your paycheck.

I authorize the school district or institution where I am employed to deduct from my pay in each pay period a pro rata portion of the annual dues, fees, and assessments as required for membership in the National Education Association, Kansas National Education Association and my local association. I fully understand that the annual dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize my district of employment to deduct any modified monthly dues, fees, and assessments established by the governing bodies of the three associations unless my obligation to do so ends under one of the circumstances set forth below. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to the address below via U.S. mail between August 1 and August 31 of the membership year immediately preceding the membership year in which the membership is to be canceled; or (b) my employment ends at the district where dues are being deducted from my paycheck.

Authorization Disclosure: Electronic Funds Transfer

Below are the terms you agree to as part of your membership dues obligation IF you elect to have your association dues paid by electronic funds transfer from your bank account.

I authorize the Kansas National Education Association or its designated local association affiliate to charge my checking/savings account- as provided by me to the Kansas National Education Association- for annual membership dues, fees and assessments required for membership in the associations. I further authorize those payments to be made through the initial membership year ending August 31, 2020, and on a recurring basis thereafter, payable in monthly installments each month, in the amounts set forth in the annual dues schedule. I understand that the final charged/debited installment amount for the membership year will include any residual amount owed. The residual amount represents the portion of the combined total that cannot be evenly distributed among the installments.

I understand that in the event one or more of the governing bodies of NEA or its affiliates authorizes a change in the amount of annual dues, fees and/or assessment, the Kansas National Education Association or local association will notify me by email or home mailing address not less than (10) days in advance of processing any changes to the transaction amount as described in the payment summary. Following that notice, I authorize the Kansas National Education Association or local association to adjust the amount to be charged to or debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule.

I understand that this authorization for the payment of membership dues, fees and assessments continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any electronic funds transaction shall not constitute the termination of my membership in the NEA. I further understand that Kansas National Education Association or the local association will notify me in writing if a transaction is rejected and I shall have seven (7) calendar days to provide updated account information or an accepted alternative method of payment, to continue my payments for annual dues, fees, and assessments.