

2023-2024 Active Professional / ESP Enrollment Form



2023 – 2024

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 (Sept. 1 – Aug. 31) dues 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 the payment method selected below unless I revoke this authorization in a signed writing sent to Kansas National Education Association, 715 SW 10th Ave, Topeka, Kansas, 66612 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 canceled.

BANK ACCOUNT (EFT)

(must complete separate form: Bank Account (EFT))

PAYROLL DEDUCTION

CASH OR CHECK

(To use this option, full annual dues must be remitted with this application. Membership will NOT be active without full payment.)

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.

SIGNATURE: _____

DATE: _____

Dues payments are not deductible as charitable contributions for federal income tax purposes.

Full Name _____ SSN (last four) _____
first, middle, last Maiden name (if applicable)

Address _____

City _____ State _____ ZIP Code _____

Home Phone # _____ * Cell Phone # _____

Home Email Address _____ Work Email Address: _____

* By providing my cell phone number, I understand that the National Education Association and its affiliates, including Kansas National Education Association the local association, NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

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

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

Date of Birth _____ **Gender:** Female Male Gender Expansive/Non-Conforming Transgender Female
 Transgender Male Other

Local Association _____ USD _____

School Building _____

Position _____ Subject _____

Bank Account (EFT) Authorization



I agree to pay annual dues I have authorized through the following bank account (EFT). Prior to any withdrawal of dues from the following account, you will be notified in writing of the amount of the monthly withdrawal and the date that such withdrawal will commence.

BANK ACCOUNT (EFT)

Account Type: Checking Savings

Name on Account: Address:

City: State/ZIP: Name of Bank:

9-Digit Bank Routing Number: Account Number:

2023 / 2024 Dues

Active Professional Dues

(circle one)

Education Support Professional (ESP) Dues

(circle one)

	Full-Time	1/2 Time	1/4 Time		Full-Time	1/2 Time	1/4 Time	Per Pay Period (Local Use)
NEA	\$208.00	\$115.50	\$69.50	NEA	\$124.50	\$74.00	\$48.75	
KNEA	\$419.00	\$209.50	\$104.75	KNEA	\$134.00	\$67.00	\$33.50	
Local	\$_____	\$_____	\$_____	Local	\$_____	\$_____	\$_____	
Total	\$_____	\$_____	\$_____	Total	\$_____	\$_____	\$_____	

I authorize the Kansas National Education Association or its designated local to charge my checking/savings account, as provided above, for annual dues. I further authorize those payments to be made through the initial membership year ending August 31, 2024, and recurring annually thereafter, payable in monthly installments. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$.10, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA or its affiliates change the amount of annual dues, the Kansas National Education Association or local will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary.

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 Kansas National Education Association at 715 SW 10th Ave, Topeka, Kansas, 66612 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 state association. 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.

SIGNATURE:

DATE: