2025-2026 ASSOCIATE Membership Form

Name _____
First Middle Last

Address _____

City _____ **State** _____ **ZIP Code** _____

Home Phone # _____ **Cell Phone #** _____

Home Email _____ **Date of Birth** _____

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

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

Gender

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

PAYMENT METHOD

☐ **BANK ACCOUNT (EFT)**
Complete the bank information below and attach a voided check.

☐ **CASH OR CHECK**
To use this option, full annual dues must be remitted with this application. Membership will NOT be active without full payment.

Account Type: ☐ Checking ☐ Savings

Name on Account: _____ **Name of Bank:** _____

9-Digit Bank Routing Number: _____ **Account Number:** _____

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

MEMBERSHIP TYPE

Select One or Both:

	☐ KNEA Associate Member	☐ NEA Community Ally
Total Dues	$20	$25

After completing this application, the original signed copy should be sent to KNEA. A scan or photocopy should be retained for personal records. All fields must be completed in order for membership to be activated.

SIGNATURE: _____ **DATE:** _____

Remit payment and membership form to:

KANSAS NATIONAL EDUCATION ASSOCIATION
715 S.W. 10th Avenue, Topeka, KS 66612-1686