2025-2026 RETIRED Membership Form

Name _____
First Middle Last

Address _____

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

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

Home Email _____ **Date of Birth** _____

Retiring from USD# _____ **Date of Retirement** _____

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)**
Lifetime membership only.
Attach voided check to form.

☐ **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:

	☐ Retired Lifetime	☐ Retired Annual
NEA Dues	$300.00	$35.00
KNEA Dues	$150.00	$20.00
Total Dues	$450.00	$55.00

After completing this application, the original signed copy should be sent to KNEA. A scan or photocopy should be retained for personal records.

SIGNATURE: **DATE:**

Remit payment and membership form to:

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