2026-2027 Associate Membership Form

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

Name _____
First Middle Last Maiden Name (If applicable)

Address _____

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

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

Home Email _____ **Work Email** _____

**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.)*

☐ American Indian/Alaska Native ☐ Asian ☐ Black

☐ Caucasian ☐ Hispanic ☐ Multi-Ethnic ☐ Other

☐ Native Hawaiian/Pacific Islander ☐ Unknown

Date of Birth _____

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

☐ Female ☐ Male ☐ Gender Expansive/Non-Conforming

☐ Transgender Female ☐ Transgender Male ☐ Other

MEMBERSHIP TYPE

Select One or Both:

☐ **KNEA Associate Member**
Dues $20.00

☐ **NEA Community Ally**
Dues $25.00

PAYMENT METHOD

☐ **BANK ACCOUNT (EFT)**
Complete the bank information below.

☐ **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.

MY SIGNATURE ON THIS FORM IS AN AGREEMENT TO NEA AUTOPAY. I AM RESPONSIBLE FOR CLEARLY AND ACCURATELY RECORDING MY ACCOUNT INFORMATION ON THIS FORM. ALL FIELDS MUST BE COMPLETED IN ORDER FOR MEMBERSHIP TO BE ACTIVATED.

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.

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