2026-2027 Substitute Membership Form

Name _____ **SSN (last four)** _____
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 - 2026-2027 DUES *(CHECK BOX NEXT TO TYPE)*

Membership in both NEA and KNEA is required.

☐ Full-Time Active Substitute

Educational employees employed on a permanent or contractual basis as a substitute are eligible for Full-Time Active Substitute membership.

☐ CASH OR CHECK

Full annual dues must be remitted with this application. Membership will NOT be active without full payment.

☐ BANK ACCOUNT (EFT) *(Complete Bank Account EFT)*

Dues

NEA Dues	$83.50
KNEA Dues	$145.00
Local Dues	$_____
Total	$_____

☐ Temporary Day-to-Day Substitute

Educational employees employed as substitutes on a day-to-day basis who otherwise would be eligible for membershp in the Active or Educational Support category shall have the option of joining as a Day-to-Day Substitute member, unless the employee is drawing educational retirement benefits and is eligible for KNEA Retired Membership.

☐ CASH OR CHECK

Full annual dues must be remitted with this application. Membership will NOT be active without full payment.

Dues

NEA Dues	$15.00
KNEA Dues	$60.00
Total	$75.00

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 BER 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.

KANSAS NATIONAL EDUCATION ASSOCIATION
715 S.W. 10th Avenue, Topeka, KS 66612-1686 | 785-232-8271

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: **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.

I authorize the Kansas National Education Association (KNEA) 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 Aug. 31, 2027, and recurring annually thereafter, payable in monthly installments. I understand the final installment amount for the membership year may include a residual amount, not to exceed $0.10, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of the National Education Association (NEA) or its affiliates change the amount of annual dues, the Kansas National Education Association (KNEA) 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 S.W. 10th Ave., Topeka, Kansas, 66612, and include my name, address, employer and membership number. I understand that the termination of this authorization will take effect seven 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:**

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