

2013 - 2014 KNEA Retired Membership Enrollment Form

Name _____

Social Security # _____ (minimum of last four)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Home/Cell (please circle one)

Home Email Address _____

USD Retired From _____



715 SW 10th Avenue

Topeka, KS 66612

785.232.8271

1.800.432.3573

Fax 785.232.6012

www.knea.org

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

- Asian
 Caucasian
 Multi-Ethnic
 Other
 Black
 Hispanic
 Native Hawaiian/Pacific Islander

Gender

- Male
 Female

Payment Method

- Check *(payment in full, include with returned registration form)*
 Electronic Funds Transfer *(Lifetime Membership only)*

Account Type

- Checking
 Savings

Full Name of Bank _____

Routing Number _____

Account Number _____

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

**2013-2014
KNEA/NEA Retired Dues**
(select one)

	NEA-R Dues	KNEA-R Dues	Total
<input type="checkbox"/> Annual	\$ 30.00	\$ 15.00	\$ 45.00
<input type="checkbox"/> Lifetime*	\$ 250.00	\$ 150.00	\$ 400.00

** Lifetime dues must be paid in full by August 2014.*

Signature _____

Date _____