KANSAS NATIONAL EDUCATION ASSOCIATION

715 SW Tenth Avenue, Topeka, KS 66612-1686

2016-2017

Active Professional Membership Application

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

Kansas National Education Association

Name _____
First Middle Last Maiden (if applicable)

SSN (minimum of last four) _____

Address _____

City _____ State _____ Zip _____

Phone _____ ☐ Home ☐ Cell

Personal Email Address _____

Work Email Address _____

Ethnicity (This information is optional and voluntary and kept confidential.)
☐ Asian ☐ Caucasian ☐ Black ☐ Hispanic ☐ Native Hawaiian/Pacific Islander ☐ Multi-Ethnic ☐ Other
☐ American Indian/Alaska Native ☐ Unknown

Date of Birth _____ Gender ☐ Male ☐ Female

Local Association (or USD#) _____ Employer _____

Work Location _____

Position _____ Subject _____

Select Membership Type

Active Professional (Licensed)

2016-17 Dues	Full-Time	1/2 Time	1/4 Time
NEA Dues	$187.00	$105.00	$64.25
KNEA Dues	$385.00	$192.50	$96.25
Local Dues	$ 37.00	$_____	$_____
Total	$609.00	$_____	$_____

ESP (Classified)

2016-17 Dues	Full-Time	1/2 Time	1/4 Time
NEA Dues	$113.50	$68.50	$46.00
KNEA Dues	$192.50	$96.25	$48.13
Local Dues	$_____	$_____	$_____
Total	$_____	$_____	$_____

Substitute

2016-17 Dues	Full-Time
NEA Dues	$15.00
KNEA Dues	$55.00
Local Dues	$_____
Total	$_____

Is 2016-17 your first year of teaching? ☐ Yes ☐ No
To the best of your knowledge, have you been a member of an NEA affiliate previously? ☐ Yes ☐ No
Were you a student member last year? ☐ Yes ☐ No If so, how many years? _____ University? _____
Are you a retired educator who has chosen to return to work? ☐ Yes ☐ No

Choose your payment method

☐ Electronic Funds Transfer ☐ Cash/Check (Include payment for full amount) ☐ Payroll Deduction (60.90)
Total Number of Deductions: 10

If using Electronic Funds Transfer, please complete the bank information below and attach a voided check.

Full Name of Bank _____

Routing Number _____

Account Number _____

Account Type ☐ Checking ☐ Savings

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. Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

Membership in NEA, KNEA and the local assocation is required. If paying by payroll deduction, I hearby authorize the Board of Education to deduct from my salary my professional dues and assessments, as these sums are established or suggested annually to the local NEA-affiliated teachers association as indicated and to forward such amounts to that local association. This authorization is to continue in force unless revoked by me for a succeeding membership year by giving written notice to that effect to my local association on or before August 10. I understand that if my employment is terminated prior to the deduction of the amounts authorized herein, the unpaid portion of dues, assessments will be collected to maintain membership in good standing.

Signature _____ Date _____

After completing this application, the original signed copy should be sent to KNEA; a scan or photocopy should be provided to the local association and for personal records.

KNEA Use Only: Date Received _____ Date Processed _____ Initials _____