

JOIN US



KANSAS NATIONAL EDUCATION ASSOCIATION

715 SW Tenth Avenue, Topeka, KS 66612-1686



2014-2015

Active Professional Membership Form

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



Name _____
First _____ Middle _____ Last _____ Maiden (if applicable) _____

SSN (minimum of last four) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

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

DUES WITHHELD PER PAY PERIOD

DISTRICT ID# _____

Please check one:

FULL-TIME CONTRACT

1/2 TIME CONTRACT

1/4 TIME CONTRACT

\$25.04

\$13.00

\$6.99

- Is it your first year of teaching? Yes No
- Were you a member last year? Yes No If so, where? _____
- Were you a student member last year? Yes No If so, how many years? _____ University? _____
- Are you currently collecting KPERS? Yes No

Choose your payment method

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

****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 association is required. If paying by payroll deduction, I hereby 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 deducted from my final check.

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 _____

PLEASE RETURN THIS COMPLETED FORM TO: KATE THOMPSON @ OLATHE NW HS

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