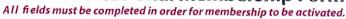
KNEA Use Only: Date Received\_



## KANSAS NATIONAL EDUCATION ASSOCIATION

715 SW Tenth Avenue, Topeka, KS 66612-1686

## 2014-2015 Active Professional Membership Form







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

First Middle Last Maiden (if applicab SSN (minimum of last four)  Address	le)
City	
Home Phone	
Home Phone	
Personal Email Address  Work Email Address  Ethnicity (This information is optional and voluntary and kept confidential.)    Asian	
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     Ocal Association (or USD#)   Employer     Work Location     Position   Subject     Select Membership Type     DUES WITHHELD PER PAY PERIOD   DISTRICT ID#     Please check one:   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     Choose your payment method   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	
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     Work Location (or USD#)   Employer     Work Location   Subject     Select Membership Type     DUES WITHHELD PER PAY PERIOD   DISTRICT ID#     Please check one:	
Employer   Subject   Select Membership Type	
Select Membership Type  DUES WITHHELD PER PAY PERIOD  Please check one:	
Select Membership Type  DUES WITHHELD PER PAY PERIOD  Please check one:	
Select Membership Type  DUES WITHHELD PER PAY PERIOD  Please check one:	
Please check one:FULL-TIME CONTRACT1/2 TIME CONTRACT1/4 TIME CONTRACT  \$25.04  \$13.00  \$6.99  Is it your first year of teaching?	
Please check one:	
\$25.04 \$13.00 \$6.99  Is it your first year of teaching?	
\$25.04 \$13.00 \$6.99  Is it your first year of teaching?	
\$25.04 \$13.00 \$6.99  Is it your first year of teaching? Were you a member last year? Were you a student member last year? Were you a student member last year? Are you currently collecting KPERS?  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	
Is it your first year of teaching?	
Is it your first year of teaching?	
Were you a member last year?	
Were you a member last year?	
Were you a student member last year?	
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	
Electronic Funds Transfer	
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**If using Electronic Funds Transfer, please complete the bank information below and attach a voided check.**  Full Name of Bank  Routing Number  Account Number	
**If using Electronic Funds Transfer, please complete the bank information below and attach a voided check.**  Full Name of Bank  Routing Number  Account Number	
Full Name of Bank	
Routing Number  Account Number	
Routing Number  Account Number	
Account Number	
Account Type	
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 complete payments are not deductible as charitable contributions for fodoral income to provide the monthly withdrawal and the date that such withdrawals will complete the payments are not deductible as charitable contributions for fodoral income to provide the monthly withdrawal and the date that such withdrawals will complete the payments are not deductible as charitable contributions for fodoral income to provide the monthly withdrawal and the date that such withdrawals will complete the payments are not deductible as the payments ar	mence.
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 as a miscell	tion.
ership 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 essments, as these sums are established or suggested annually to the local NEA-affiliated teachers association as indicated and to forward such amounts to that	profession
thorization 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 by	local
and 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	efore Augu
ignature Date	efore Augu

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.

Date Processed

\_Initials\_