KANSAS NATIONAL EDUCATION ASSOCIATION

715 SW Tenth Avenue, Topeka, KS 66612-1686

2017-2018

Active Professional Membership Application

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

Name _____
First Middle Last Maiden (if applicable)

SSN (last four) _____

Address _____

City _____ State _____ Zip _____

Phone _____ ❒ Home ❒ Cell

Personal Email Address _____

Work email address _____ District ID # _____

Ethnicity (This information is optional 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#) Olathe NEA _____ Employer Olathe School District _____

Work Location _____

Position _____ Subject _____

Active Professional (Licensed)

2017_18 Dues	Full_Time	1/2 Time	1/4 Time
NEA Dues	$189.00	$106.00	$64.75
KNEA Dues	$389.00	$194.50	$97.25
Local Dues	$55.00	$27.50	$13.75
Total	$633.00	$328.00	$175.75

ESP (Classified)

2017_18 Dues	Full_Time	1/2 Time	1/4 Time
NEA Dues	$115.50	$69.50	$46.50
KNEA Dues	$124.50	$62.25	$31.13
Local Dues	$_____	$_____	$_____
Total	$_____	$_____	$_____

Substitute

2017_18 Dues	Full_Time
NEA Dues	$15.00
KNEA Dues	$55.00
Local Dues	$_____
Total	$_____

Is 2017-2018 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
Total Number of Deductions: _____

****If using Electronic Fund 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 comence. 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 hearby authorize the Board of Education to deduct from my salary my professional dues and assessments, as these sums are established or suggested annual 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 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 herin, 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.

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