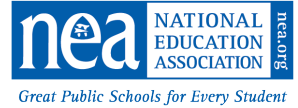




2018-2019 Early Enrollment



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

Name _____ SSN (last four) _____

Address _____

City _____ State _____ ZIP Code _____

Home Phone # _____ Cell Phone # _____

Home Email Address _____

Ethnicity (This information is optional and kept confidential.)

Asian Caucasian Multi-Ethnic Other Native Hawaiian/Pacific Islander

Black Hispanic American Indian/Alaska Native Unknown

Gender

Male Female

Date of Birth _____

Local Association _____ USD _____

School Building _____

Position _____ Subject _____

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 withdrawal will commence.

Proposed 2018-2019 KNEA/NEA Professional Dues

(circle one)

	Full-Time	1/2 Time	1/4 Time
NEA	\$192.00	\$107.50	\$65.50
KNEA	\$394.00	\$197.00	\$98.50
Local	\$_____	\$_____	\$_____
Total	\$_____	\$_____	\$_____

Proposed Per Pay Period (Local Use)

Signature _____ **Date** _____

Limited Eligibility - Early Enrollment is available only to first time members of NEA, excluding student memberships. If you have been a member of NEA in the past, this form will be processed not as an Early Enrollment application but rather as an application for the 2018-2019 membership year with a membership start date not prior to September 1, 2018.

As a participant in the Local Association/Kansas National Education Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive - prior to September 1, 2018, but in no event before April 1, 2018 - benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs.

As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2018-2019 membership year in accordance with established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2018.

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.