



# KANSAS NATIONAL EDUCATION ASSOCIATION

715 S.W. 10th Avenue, Topeka, KS 66612-1686

## 2020-2021

### Active Professional/ESP 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 (last four) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  Home  Cell

Personal Email Address \_\_\_\_\_

Work email address \_\_\_\_\_

#### 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#) \_\_\_\_\_ Employer \_\_\_\_\_

Work Location \_\_\_\_\_

Position \_\_\_\_\_ Subject \_\_\_\_\_

#### Select Membership Type

Active Professional (Licensed)				ESP (Classified)				Substitute	
2020-21 Dues	Full-Time	1/2 Time	1/4 Time	2020-21 Dues	Full-Time	1/2 Time	1/4 Time	2020-21 Dues	Full-Time
NEA Dues	\$200.00	\$111.50	\$67.50	NEA Dues	\$121.50	\$72.50	\$48.00	NEA Dues	\$15.00
KNEA Dues	\$409.00	\$204.50	\$102.25	KNEA Dues	\$131.00	\$65.50	\$32.75	KNEA Dues	\$55.00
Local Dues	\$ _____	\$ _____	\$ _____	Local Dues	\$ _____	\$ _____	\$ _____	Local Dues	\$ _____
Total	\$ _____	\$ _____	\$ _____	Total	\$ _____	\$ _____	\$ _____	Total	\$ _____

- Is 2020-21 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 withdrawal of dues from the account listed above, written notification of the monthly withdrawal amount and the initial date of such withdrawal will be provided.*

**Membership Commitment and Annual Payment Authorization:** I hereby request and voluntarily accept membership in the National Education Association, Kansas National Education Association and the local education association and agree to abide by the Constitution and Bylaws of all three associations. In consideration for services provided by these associations, I hereby agree to pay the annual dues, fees and assessments established by these associations. I understand that those annual dues are subject to periodic change. If paying such dues and assessments by payroll deduction, I authorize the Board of Education to deduct such amounts from my salary. The payment of those annual amounts shall continue, regardless of membership status, unless I revoke this authorization in a signed writing provided to the local association between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled. I understand that this agreement is voluntary and not a condition of employment. I have the legal right to refuse membership without suffering any reprisal.

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 \_\_\_\_\_