

KANSAS NATIONAL EDUCATION ASSOCIATION 715 S.W. 10th Avenue, Topeka, KS 66612-1686 2022-23



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

Name		
Address		
City	State	Zip
Home and/or Cell Phone #		
Home Email		
Ethnicity & Gender (This information is optional and kept confidential.) AsianCaucasianBlackHispanicAmerican Indian/Alaska NativeNative Hawaiian/Pacific Islander Multi-EthnicOtherUnknown		
Gender:FemaleMaleGender Expansive/Non-ConformingTransgender FemaleTransgender Male Other		
2022-23 Dues	Membership <u>is not</u> requi choose one or both mem	red in both categories. You can hberships.
KNEA Associate Member NEA Community Ally	\$20.00 \$25.00	

After completing this application, the original signed copy should be sent to KNEA; a scan or photocopy should be retained for personal records.

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Signature _____

Date _____