

Flexible Dues Payment Options

Cash / Check

I will pay the full amount of my annual dues today via cash or check.

Payroll Deduction

I would like my dues to be deducted from each paycheck.

Electronic Funds Transfer (EFT)

I would like to have my payments automatically withdrawn securely from my bank. (A copy of a voided check is needed to complete the EFT process).

Full Name of Bank

Routing Number

Account Number

Account Type

- Checking
 Savings

2022-2023 Active Professional (Licensed) Annual Dues

	Full-Time	1/2 Time	1/4 Time
NEA Dues	\$204.00	\$113.50	\$68.50
KNEA Dues	\$416.00	\$208.00	\$104.00
Local Dues	_____	_____	_____
Total Dues	_____	_____	_____

2022-2023 ESP (Classified) Annual Dues

	Full-Time	1/2 Time	1/4 Time
NEA Dues	\$122.50	\$73.00	\$48.25
KNEA Dues	\$133.00	\$66.50	\$33.25
Local Dues	_____	_____	_____
Total Dues	_____	_____	_____

2022-2023 Substitute Annual Dues

	Full-Time
NEA Dues	\$15.00
KNEA Dues	\$55.00
Local Dues	_____
Total Dues	_____

Membership Categories

Please select your type to the right.

KANSAS NATIONAL EDUCATION ASSOCIATION 2022-2023 Active Professional/ESP Membership Application

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

Name

First Name

Middle Name

Last Name

Address

Street Address

Street Address Line 2

City

State

Zip Code

Home Phone

Area Code

Phone Number

Mobile Phone

Area Code

Phone Number

Personal Email

example@example.com

Work Email

example@example.com

Personal Information

Ethnicity (Optional & Confidential)

- Asian
- Caucasian
- Black
- Hispanic
- American Indian / Alaska Native
- Native Hawaiian / Pacific Islander
- Multiethnic
- Other
- Unknown

Gender (Optional & Confidential)

- Female
- Male
- Gender Expansive / Non-Conforming
- Transgender Female
- Transgender Male
- Other

Date of Birth

Month Day Year

Local Association or USD

Employer

Worksite / Location

Position / Role

Subject(s) Taught

Is 2022-2023 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

Are you a retired educator who has chosen to return to work?

- Yes
- No

What University? _____

Voluntary Membership Commitment

Please initial each of the following commitment terms and sign/date below.

Membership Commitment: YES!

- I want to join my fellow employees and become a member of the local association, the Kansas National Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations, and agree to abide by the Constitution and Bylaws of all three associations.

Annual Payment Authorization: YES!

- I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through [payroll deduction or other arrangement] unless I revoke this authorization in a signed writing sent to the Kansas National Education Association via U.S. mail between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

Payment Method Authorization Disclosure

- I acknowledge that I have received, read, and agree to the terms of the Authorization Disclosures for Electronic Funds Transfer and Paycheck Dues Deduction.

I understand that this agreement is voluntary and is not a condition of employment and that I have the legal right to refuse to sign this agreement without suffering any reprisal.

Please use the box provided for your signature and today's date.

Please see the next page for dues information relative to membership type.