

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

785-232-8271 1-800-432-3573 www.knea.org





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

Name			
First	Middle	Last	Maiden Name (if applicable)
Address		Chile	7'.
			Zip
Home Email Address			
Retiring from USD#			
Date of Retirement		Date of Birth	
Ethnicity & Gender (This informa AsianCaucasianBlack _ Multi-EthnicOtherUnkno Gender:FemaleMaleG	HispanicAmerican l own	ndian/Alaska NativeNa	rtive Hawaiian/Pacific Islander FemaleTransgender MaleOther
☐ Electronic Funds Transf (For Lifetime members **If using Electronic Funds Tra Full Name of Bank	er	eck written to KNEA for the A/KNEA dues) <mark>he bank information belo</mark>	full amount of annual NEA/KNEA or w and attach a voided check.**
Routing Number			
Account Number			
Account Type ☐ Ch	necking Savings In the first with the first with	hdrawal being made Septeml	per 10, or the first month following receipt of the
	2023-	-2024 Dues	
		Membership Type	
☐ Retire NEA D KNEA		NEA [ed Annual Dues \$35.00 Dues \$20.00
Signature		Date_	