



# 2020-21 Active Professional/ESP 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.)

**Gender**

- Asian  Caucasian  Multi-Ethnic  Other  Native Hawaiian/Pacific Islander  Male  Female
- Black  Hispanic  American Indian/Alaska Native  Unknown

Date of Birth \_\_\_\_\_

Local Association NEA- Shawnee Mission USD 512

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 2020-21 KNEA/NEA Active Professional Dues

(circle one)

### Proposed 2020-21 KNEA/NEA Education Support Professional (ESP) Dues

(circle one)

	Full-Time	1/2 Time	1/4 Time		Full-Time	1/2 Time	1/4 Time
NEA	\$200.00	\$111.50	\$67.50	NEA	\$121.50	\$72.50	\$48.00
KNEA	\$409.00	\$204.50	\$102.25	KNEA	\$131.00	\$65.50	\$32.75
Local	\$ <u>88.00</u>	\$ _____	\$ _____	Local	\$ _____	\$ _____	\$ _____
Total	\$ <u>697.00</u>	\$ _____	\$ _____	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 2020-21 membership year with a membership start date not prior to September 1, 2020.

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, 2020, but in no event before April 1, 2020 - 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 2020-21 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, 2020.

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, 2021.