

Missouri NEA / NEA / Local Association Early Enrollment for 2019-20 Membership Year

FOR OFFICE USE ONLY	Transaction Type:
	Keyed By:
	Date:

All shaded areas must be completed by a local association representative.

LOCAL ASSOCIATION:

BUILDING NAME:

EMPLOYER:

MEMBERSHIP HISTORY

Have you ever been an MNEA member? YES NO

Student NEA member last year YES NO

Social Security Number (last four digits)

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Home Phone _____ Work Phone _____

Home Email _____

Work Email _____

Date of Birth _____ Male Female

Preferred email: Home Work Preferred phone: Cell Home Work

MEMBERSHIP TYPE:

ANNUAL DUES

	NEA/MNEA ¹	
Prior to 9/1/19, you will receive written notification of your scheduled monthly withdrawal date and amount.	Local	
	TOTAL	

LEVEL

- Elementary
 Middle School
 Junior High
 High School
 Higher Education
 Librarian

POSITION

- Teacher/Subject Area: _____
 Counselor
 Support Personnel Position: _____
 Other _____

ETHNIC GROUP ²

- American Indian/Alaska Native Hispanic
 Asian Multi-ethnic
 Black Native Hawaiian/Pacific Islander
 Caucasian (not of Spanish origin) Unknown
 Other

PLEASE CHECK BOXES TO SIGNIFY ACCEPTANCE OF TERMS.

Membership Commitment: Yes, I want to join as a member of the Local NEA Association, Missouri NEA and the National Education Association (NEA). 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 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 those associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those amounts through payroll deduction unless I revoke this authorization in a signed writing sent to Missouri NEA, 1810 E. Elm Street, Jefferson City, MO 65101, 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.

Ballot Issue Crisis Fund: Yes, I hereby agree to pay my voluntary contribution of \$13 (Active Professional) or \$6 (Active Support Professional) to Unite, Inspire and Lead (the Ballot Issue Crisis Fund). I can adjust the annual amount up or down by writing a different amount here \$_____.
(Read more on back.)³

Local and State Legislative/Political Action Fund: Yes, I hereby agree to pay my voluntary contribution of \$1 per month (\$12 annually, split 50/50 between my local and state legislative/political action fund). I can adjust the annual amount up or down by writing a different amount here \$_____.
(Read more on back.)⁴

EEL Program Authorization: As a participant in the Missouri NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to Sept. 1, 2019, but in no event before April 1, 2019 -- 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 2019-20 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 Sept. 1, 2019.

^{1 2 3 4} Please read explanations on back.

 Member Signature

Date

 Association Representative Signature

School District

See back for payment information.

