

Missouri NEA/NEA/Local Association Membership Enrollment Form



Join Now

LOCAL ASSOCIATION: _____

BUILDING NAME: _____

EMPLOYER: _____

MEMBERSHIP HISTORY

Have you ever been an MNEA member? YES NO

Student NEA member last year? YES NO

First year employed in public education.

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____

Home Phone _____ Work Phone _____

Home Email _____

Work Email _____

Date of Birth _____ Gender _____

MEMBERSHIP TYPE: _____

ANNUAL DUES

	NEA/MNEA ¹	_____
Prior to your first deduction, you will receive written notification of your average monthly cost	Local	_____
	TOTAL	_____

LEVEL

- Early Childhood/PreK
- Elementary
- Middle School
- Junior High
- High School
- Higher Education

POSITION

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

ETHNIC GROUP ²

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

Communications:

Missouri NEA communicates with members through various digital publications. If you wish to receive Association publications such as our magazine or newsletter in print, request by checking here:

* **Cell Phone Note:** You can opt out of receiving occasional cell phone alerts/texts from your local, state or national NEA affiliate by contacting Missouri NEA at 1-800-392-0236.

CAREFULLY READ EACH PARAGRAPH IN THE BOX BELOW. THEN SIGN AND DATE INDICATING AGREEMENT AND AUTHORIZATION.

Membership Commitment: 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.

Payment Authorization: I hereby agree to pay the dues, fees and assessments established by the three associations in consideration for the services the union provides. I understand that those 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 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 preceding the membership year for which the authorization is to be cancelled.

EEL Program Authorization: If I am a participant in the Missouri NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to Sept. 1, but in no event before April 1, of my first year of membership -- 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 upcoming 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.

I understand that my membership and contributions are voluntary and continuous, signing this agreement is not a condition of employment and that I have the legal right to refuse to join and/or contribute without suffering any reprisal.

Member Signature _____

_____ Date

Association Representative Signature _____

_____ School District

Explanations

Dues

For exact dues amounts, call your MNEA office (see locations and phone number below). When choosing Bank Draft or Credit Card, prior to the first withdraw, you will receive written notification informing you of the number of withdrawals and amount for each withdrawal as required by federal regulations.

Of the total Missouri NEA dues, \$3.20 is for a one-year subscription to Something Better.

NEA Complimentary Life Insurance, free with membership, pays up to \$1,000 for any death from natural causes and up to \$5,000 for any accidental death. It insures every MNEA member for \$50,000 for death or dismemberment resulting from any accident or any assault that occurs while the member is on the job or engaged in an Association leadership activity. It also provides a \$150,000 benefit in the event a member's death results from an unlawful homicide occurring on the job. For more information on this life insurance benefit and to register your beneficiary, visit www.mnea.org and click the Member Benefits Link, and then Complimentary Life Insurance, or call (800) 637-4636.

METHOD OF PAYMENT

Bank Draft Credit Card (No Debit Cards) Check (Paid in Full)

BANK DRAFT AUTHORIZATION

Attach a voided check or complete form below.



I (we) hereby authorize Missouri NEA to initiate debit entries to my (our) account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by Missouri NEA.

Bank Name _____ Bank Address _____
City _____ State _____ Zip _____
Bank Transit Number (first set of numbers) :| _____ :| Account Number :| _____ ||■

This authorization is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to his account by BANK up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever occurs first.

Name (as it appears on the account) _____

Signed _____ Date _____

The payment amount will be charged to your checking account. You will be mailed a payment schedule that details the deduction amount and payment dates. Starting date will be after Sept. 1, and your local association will determine the payment date and number of payments.

CREDIT CARD AUTHORIZATION (NO DEBIT CARDS)

Name (as it appears on card) _____

Credit Card Number _____ Pay in Full

Exp. Date (MM/YYYY) ____ / ____ CSC (last 3 numbers on back) _____ Monthly Payments