

Missouri NEA/NEA/

2020-2021 Membership Enrollment Form

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

Prior to your first deduction, you will receive written notification of your average monthly cost

NEA/MNEA ¹

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

* **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.

Annual Payment Authorization: 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 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.

Local and State Legislative/Political Action Fund: These funds are used to support pro-public education candidates, pass local levy/bond issues, and support school board candidates endorsed by your local affiliate. In signing, I hereby agree to a voluntary contribution of \$1 per month (split 50/50 between my local and state legislative/political action fund). To adjust the recommended amount up or down, I must write a different monthly amount here \$ _____. (Read more on back.) ³

Unite-Inspire-Lead Ballot Issue Fund: This is the fund used to win the recent ballot fights to protect local control, tenure, voting rights and employee rights. In signing, I hereby agree to a voluntary contribution of \$1 per month for Professional members and \$0.50 per month for Educational Support Professional members to the Unite-Inspire-Lead Ballot Issue Fund. To adjust the recommended amount up or down, I must write a different monthly 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, 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 2020-2021 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, 2020.

I understand that my membership and contributions are voluntary, 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.

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



Member Signature

Date



Association Representative Signature

School District

