

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: St. Joseph NEA

BUILDING NAME: _____

EMPLOYER: St. Joseph School District

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	\$30-Active \$15- ESP
	TOTAL	

LEVEL POSITION

- | | |
|---|--|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Teacher/Subject Area: _____ |
| <input type="checkbox"/> Middle School | |
| <input type="checkbox"/> Junior High | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> High School | <input type="checkbox"/> Support Personnel Position: _____ |
| <input type="checkbox"/> Higher Education | |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Other _____ |

ETHNIC GROUP ²

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-ethnic |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Caucasian (not of Spanish origin) | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> 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 _____

Explanations

1 Dues

For exact dues amounts, call your MNEA office (see locations and phone number below). The Missouri NEA Representative Assembly (at its April meeting) and the NEA Representative Assembly (at its July meeting) determine membership dues. The amount quoted prior to these dates could change due to action by either Representative Assembly.

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

2 Ethnic Group

Ethnic minority information is optional, and failure to provide it will in no way affect your membership status, rights or benefits in NEA, Missouri NEA or any of their affiliates. The information will be kept confidential. This data is collected to ensure ethnic minority guarantees in the governance of the Association.

3 MNEA Ballot Issue Crisis Fund

Beginning in 2006, MNEA members began annually contributing \$13 (Active Professional) or \$6 (Active Support Professionals) to the Ballot Issue Crisis Fund. The fund is used to support or oppose statewide ballot initiatives like raising the minimum wage, ethics reform, campaign finance reform and defeating Amendment 3 (the billionaire sponsored anti-public education ballot proposal that would have eliminated tenure, tied test scores to evaluation and reduced local control.) Most recently, the fund was used to fight voter ID changes, fight extreme tax reforms that jeopardize school funding and pass CLEAN Missouri, a constitutional amendment to clean up government in Missouri. You may adjust this voluntary contribution up or down by writing a different amount in the blank space provided on the form in the authorization paragraph.

4 Local and State Legislative/Political Action Fund

MNEA collects from members voluntary contributions to be used in supporting or opposing local and state policy issues, local bond/levy elections, school board election activity and candidates identified through member screening committees as friends of public education. \$1 per month or \$12 annually is a recommended minimum amount with one-half set aside to be used by your local association. Many members choose to give more; however, state law requires MNEA to report to the Ethics Commission the name and mailing address of any individual whose contributions aggregated in excess of \$100. You may adjust this voluntary contribution up or down by writing a different amount in the blank space provided on the form in the authorization paragraph.

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.

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.

Mail to your nearest MNEA regional office

Headquarters/Central
1810 East Elm St.
Jefferson City, MO 65101

Kansas City
4224 South Hocker Drive, Ste. 200
Independence, MO 64055