

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

<b>FOR OFFICE USE ONLY</b>	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 <sup>1</sup>	
You will receive written notification of your scheduled monthly withdrawal date and amount.	Local	
	<b>TOTAL</b>	

## LEVEL

- Elementary  
 Middle School  
 Junior High  
 High School  
 Higher Education  
 Librarian

## POSITION

- Teacher/Subject Area: \_\_\_\_\_  
 Counselor  
 Support Personnel Position: \_\_\_\_\_  
 Other: \_\_\_\_\_

## ETHNIC GROUP <sup>2</sup>

- 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 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.)<sup>3</sup>*

**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.)<sup>4</sup>*

<sup>1 2 3 4</sup> Please read explanations on back.

 Member Signature

Date

 Association Representative Signature

School District

