



KANSAS NATIONAL EDUCATION ASSOCIATION
715 S.W. 10th Avenue, Topeka, KS 66612-1686
2020-2021



Kansas National Education Association

Associate Membership Application

All fields must be completed in order for membership to be activated.

Name _____
First Middle Last

SSN (minimum of last four) _____

Address _____

City _____ State _____ Zip _____

Home and/or Cell Phone # _____

Home Email Address _____

Ethnicity (This information is optional and voluntary and kept confidential.)

- Asian Caucasian Black Hispanic Native Hawaiian/Pacific Islander Multi-Ethnic Other

Gender

- Male Female

2020-2021 Dues

- KNEA Associate Member \$20.00
 NEA Community Ally \$25.00

Membership is not required in both categories. You can choose one or both memberships.

After completing this application, the original signed copy should be sent to KNEA; a scan or photocopy should be retained for personal records.

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Signature _____ Date _____