



KANSAS NATIONAL EDUCATION ASSOCIATION

715 S.W. 10th Avenue, Topeka, KS 66612-1686

2021-2022

Active Professional/ESP Membership Application



Kansas National Education Association

Name _____
First Middle Last Maiden (if applicable)

Address _____

Phone _____ City State Zip Home Cell

Personal Email _____

Work Email _____

Ethnicity & Gender (This information is optional and kept confidential.)

__Asian __Caucasian __Black __Hispanic __American Indian/Alaska Native __Native Hawaiian/Pacific Islander
__Multi-Ethnic __Other __Unknown

Gender: __Female __Male __Gender Expansive/Non-Conforming __Transgender Female __Transgender Male __Other

Date of Birth _____ Local Association (or USD#) _____

Employer _____ Work Location _____

Position _____ Subject _____

Active Professional (Licensed)				ESP (Classified)				Substitute	
2021-22 Dues	Full-Time	1/2 Time	1/4 Time	2021-22 Dues	Full-Time	1/2 Time	1/4 Time	2021-22 Dues	Full-Time
NEA Dues	\$202.00	\$112.50	\$68.00	NEA Dues	\$121.50	\$72.50	\$48.00	NEA Dues	\$15.00
KNEA Dues	\$413.00	\$206.50	\$103.25	KNEA Dues	\$132.00	\$66.00	\$33.00	KNEA Dues	\$55.00
Local Dues	\$_____	\$_____	\$_____	Local Dues	\$_____	\$_____	\$_____	Local Dues	\$_____
Total	\$_____	\$_____	\$_____	Total	\$_____	\$_____	\$_____	Total	\$_____

Is 2021-22 your first year of teaching? Yes No
To the best of your knowledge, have you been a member of an NEA affiliate previously? Yes No
Were you a student member last year? Yes No If so, how many years? _____ University? _____
Are you a retired educator who has chosen to return to work? Yes No

Electronic Funds Transfer Cash/Check (Include payment for full amount) Payroll Deduction
Total Number of Deductions: _____

****If using Electronic Fund Transfer, please complete the bank information below and attach a voided check.****

Full Name of Bank _____

Routing Number _____

Account Number _____

Account Type Checking Savings

Prior to withdrawal of dues from the account listed above, written notification of the monthly withdrawal amount and the initial date of such withdrawal will be provided.

Membership Commitment and Annual Payment Authorization: I hereby request and voluntarily accept membership in the National Education Association, Kansas National Education Association and the local education association and agree to abide by the Constitution and Bylaws of all three associations. In consideration for services provided by these associations, I hereby agree to pay the annual Sept. 1 - Aug. 31 dues, fees and assessments established by these associations. I understand those annual dues are subject to periodic change. If paying such dues and assessments by payroll deduction, I authorize the Board of Education to deduct such amounts from my salary. The payment of those annual amounts shall continue, regardless of membership status, unless I revoke this authorization in a signed writing provided to the local association between Aug. 1 and Aug. 31 of the membership year immediately preceding the membership year for which the authorization is to be canceled. **I understand this agreement is voluntary and not a condition of employment. I have the legal right to refuse membership without suffering any reprisal.**

Signature _____ Date _____

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

KNEA Use Only: _____ Date Received _____ Date Processed _____ Initials _____