



KANSAS NATIONAL EDUCATION ASSOCIATION

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

2019-2020

Higher Education Membership Application

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



Kansas National Education Association

Name _____
First Middle Last Maiden (if applicable)

SSN (last four) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home Cell

Personal Email Address _____

Work email address _____

Ethnicity (This information is optional and kept confidential.)

- Asian Caucasian Black Hispanic Native Hawaiian/Pacific Islander Multi-Ethnic Other Unknown
- American Indian/Alaska Native

Date of Birth _____ Gender Male Female

Local Association JCCC FA

Work Location _____ Employer Johnson County Community College

Position _____

2019-20 Higher Education Active Professional Dues (Full Time/Licensed)

NEA Dues \$196.00
 KNEA Dues \$400.00
Local dues \$47.00
 Total \$643.00

To the best of your knowledge, have you been a member of an NEA affiliate previously? Yes No

Choose your payment method

- 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 any withdrawal of dues from the account listed above, you will be notified in writing of the amount of the monthly withdrawal and the date that such withdrawals will commence. Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

Membership in NEA, KNEA and the local association is required. If paying by payroll deduction, I hereby authorize the Board of Education to deduct from my salary my professional dues and assessments, as these sums are established or suggested annual to the local NEA-affiliated teachers association as indicated and to forward such amounts to that local association. This authorization is to continue in force unless revoked by me for succeeding membership year by giving written notice to that effect to my local association on or before August 10. I understand that if my employment is terminated prior to the deduction of the amounts authorized herein, the unpaid portion of dues, assessments will be collected to maintain membership in good standing.

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 _____