

# 2018-2019 MEMBERSHIP AGREEMENT – EDUCATIONAL SUPPORT PROFESSIONALS

Lincoln Education Association, Nebraska State Education Association, National Education Association  
4920 Normal Blvd., Lincoln, NE 68506 \* (402) 489-7500 \* www.lincolneducationassociation.org

NAME			LOCAL ASSOCIATION	Lincoln Education Association
LAST 4 DIGITS - SOCIAL SECURITY NUMBER			EMPLOYER NAME	Lincoln Public Schools
DATE OF BIRTH			BUILDING NAME	
ADDRESS			LPS PHONE	LPS EMPLOYEE ID #
CITY	STATE	ZIP	LPS E-MAIL	
HOME PHONE (Landline)			HIRE DATE (Your 1 <sup>st</sup> Paid Contract Day)	
CELL PHONE	TEXT?? <input type="checkbox"/> YES <input type="checkbox"/> NO		Were you a member in 2017-2018? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME E-MAIL			If yes, indicate the Local Association	

<b>Payment Method</b>	<b>Position (Please Circle One)</b>	<b>Gender</b>	<b>Ethnic Group<sup>1</sup></b>	<b>Registered Voter</b>
<input type="checkbox"/> Check in Full (pay after August 1 <sup>st</sup> ) <input type="checkbox"/> Credit Card in Full (enter CC info on back – will be processed after August 1 <sup>st</sup> ) <input type="checkbox"/> EFT (Electronic Funds Transfer) (October – July bank draft) Complete authorization below.*	Educational Support Professional  <b>Job Title (Required):</b> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Political Party</b> <input type="checkbox"/> Democrat <input type="checkbox"/> Independent <input type="checkbox"/> Republican <input type="checkbox"/> Other

\*Membership will not be processed until EFT banking authorization is received.

EFT (Electronic Funds Transfer) – Bank Draft Authorization (Complete this authorization or attach a voided check.)														
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		*Note: Do not use deposit slips for banking information.											
Bank Name:	_____													
Bank Routing Number (9 digit):	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Bank Account Number	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Educational Support Professional (ESP) LEA/NSEA/NEA Dues		
<b>Membership Type: Please mark appropriate box. Write yearly dues amount in box on the right.</b> Custodians, bus drivers, para-educators, secretaries, cooks, and other support professionals who work for Lincoln Public Schools.		
<input type="checkbox"/> My annual salary is \$32,250 or above	\$54.85 over 10 months if join by Sept. 15 (\$548.50 for year)	
<input type="checkbox"/> My annual salary is between \$25,800 and \$32,249	\$50.78 over 10 months if join by Sept. 15 (\$507.80 for year)	
<input type="checkbox"/> My annual salary is between \$19,350 and \$25,799	\$37.99 over 10 months if join by Sept. 15 (\$379.90 for year)	
<input type="checkbox"/> My annual salary is between \$12,900 and \$19,349	\$29.85 over 10 months if join by Sept. 15 (\$298.50 for year)	
<input type="checkbox"/> My annual salary is between \$6,450 and \$12,899	\$19.39 over 10 months if join by Sept. 15 (\$193.85 for year)	
<input type="checkbox"/> My annual salary is between \$6,449 or less	\$11.25 over 10 months if join by Sept. 15 (\$112.45 for year)	

Dues (Enter Yearly Amount)	
LEA/NSEA <sup>2</sup> /NEA <sup>3</sup>	
NEA-Fund <sup>4</sup> (Optional)	
LEA-PAC <sup>4</sup> (Optional)	
LEA Advocacy Fund <sup>5</sup> (Optional)	
TOTAL	

LEA/NSEA/NEA 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. Please see notes regarding additional optional dues. If optional dues are selected, use the box on the right to calculate your total yearly dues.

<sup>2</sup> **Dues - NSEA POLITICAL ACTION FUNDS AND REFUNDS:** NSEA is actively involved in financial support for recommended candidates for state and local office. NSEA's political action program is supported by voluntary contributions collected with the membership dues. This year's contribution is \$15.00 for full-time active members and \$7.50 for half-time and active substitute members. Individuals in other membership classifications make no PAC contributions. Any NSEA member may request a refund of their contribution for the current membership year. Refunds are made after January 1 of each year, upon written request from an individual member. A refund notice will appear in the NSEA Voice. Membership is open only to those who agree to subscribe to the goals and objectives of the Association and to abide by its constitution and bylaws.

<sup>4</sup> **The NEA FUND and LEA-PAC:** The NEA Fund for Children and Public Education (NEA-FUND) collects voluntary contributions from Association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. The Lincoln Education Association Political Action Committee (LEA-PAC) supports recommended local, pro-public education candidates and political activities. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund and LEA-PAC. Contributions to the NEA Fund and LEA-PAC are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA Fund requests an annual contribution of \$15.00 and LEA-PAC requests an annual contribution of \$12.00, these are only suggestions.

Contributions to the NEA Fund and LEA-PAC are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of the employer for each individual whose NEA Fund contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits The NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith. State law requires us to use our best efforts to collect and report the name and mailing address for each individual whose LEA-PAC contributions aggregate in excess of \$250 in a calendar year.

**2018-2019 MEMBER ENROLLMENT AUTHORIZATION:** This authorization shall permit and accept any changes in the amount of dues and/or contributions officially adopted by the respective governing bodies upon certification in writing by the Lincoln Education Association (LEA). Pursuant to Article I, Section 2(c) of the By-Laws of the LEA, membership in the unified professional associations (NEA, NSEA and LEA) is on a continuing basis. Members may only resign their memberships in writing between March 1 and April 15 for the following school year. Neither the completion of or the failure to complete this form shall act as a resignation of membership. Any resignation must be separate, in writing, to the Lincoln Education Association between March 1 and April 15 for the following school year. Failure to resign in writing between March 1 and April 15 results in continuing membership through the following school year.

I agree by signing below that I will pay the total annual dues by the payment method indicated above. I acknowledge that the revocation of my authorization for a payment method does not revoke my obligation to pay the total dues amount unless notice is received as stated above. I affirm that the above information is accurate to the best of my knowledge.

AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_  
(Please read note 6 on back, if dated before September 1st)

# EXPLANATIONS

## <sup>1</sup> Ethnic Group

Ethnic minority information is optional, and failure to provide it will in no way affect your membership status, rights or benefits in LEA, NSEA or 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.

## <sup>2</sup> Dues – NSEA Political Action Funds and Refunds – See Front

## <sup>3</sup> NEA Life Members

NEA Life members need to subtract the appropriate NEA dues amount from the amounts listed on the front. Specific information is available from the NSEA Membership department 402-475-7611.

## <sup>4</sup> THE NEA Fund and LEA-PAC – See Front

<sup>5</sup> **LEA Advocacy Fund:** The LEA Advocacy fund collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of ballot issues that support public education or to oppose ballot issues harmful to public education. Contributions to the LEA Advocacy Fund are not deductible as charitable contributions for federal income tax purposes but may be deductible as a miscellaneous itemized deduction. Please consult with your financial advisor.

<sup>6</sup> **Dated Before September 1, 2018:** As a participant in the LEA/NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive prior to September 1, 2018 (but in no event before April 1, 2018) 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 2018-2019 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 September 1, 2018, through the date of the NEA EEL Program termination.

1. **Benefits for Early Enrollment Members.** Between April 1 and August 31, 2018, the NEA Early Enrollment Membership Incentive Plan offers eligible recruits no-cost access as “Insureds” in the NEA Educators Employment Liability (EEL) Program and access to select NEA Member Benefits programs.

Early enrollees have access to an array of NEA Member Benefits programs. Please note that first-time Active early enrollees are not eligible to participate in the NEA Complimentary Life and Introductory Life Insurance programs, receive staff services, or receive legal services until their memberships are truly activated in September 2018.

2. **Limited Eligibility.** Early enrollment is limited to recruits for the 2018-2019 membership year who are either:
  - a. Individuals who sign up and pledge to pay unified Active membership dues as a first-time Active member beginning September 1, 2018, and cannot have had a membership in the past in order to be eligible for benefits, or
  - b. New NEA Student Program recruits who sign up and fully pay NEA Student Program dues for the 2018-2019 membership year at the time of enrollment.

## <sup>7</sup> Texting

I hereby consent to receive autodialed and/or pre-recorded telemarketing calls or text messages from or on behalf of the Nebraska State Education Association (and/or NSEA’s affiliates) at the telephone number provided on the application, including my wireless number, if applicable. Carrier message and data rates may apply to such communications. Reply STOP to any message received to discontinue receiving calls and/or text messages from the NSEA. I understand that this consent is not a condition of membership with the NSEA.

## Sample EFT Banking Information Location

The diagram shows a check with the following fields: NAME, ADDRESS, CITY, STATE, ZIP; DATE; PAY TO THE ORDER OF; BANK NAME, ADDRESS, CITY, STATE, ZIP; and FOR. Below the check, the MICR line is shown with labels for Bank Routing Number, Bank Account Number, and Check Number.

CREDIT CARD AUTHORIZATION FORM	
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Cardholder Name (as shown on card):	
Credit Card Number:	
Expiration Date (mm/yy):	
3-Digit Security Code (back of card):	
Credit Card Billing Address/City/State/Zip (Only needed if different from the front of this application)	
I authorize the charge of my credit card for the full payment of dues.	
Authorization Signature	Date