

**2020-2021 MEMBERSHIP AGREEMENT – CERTIFICATED**

**Enrolled by (name):** \_\_\_\_\_

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

<b>NAME</b>			<b>LOCAL ASSOCIATION</b> Lincoln Education Association
<b>LAST 4 DIGITS - SOCIAL SECURITY NUMBER</b>			<b>EMPLOYER NAME</b> Lincoln Public Schools
<b>DATE OF BIRTH</b>			<b>BUILDING NAME</b>
<b>ADDRESS</b>			<b>LPS PHONE</b> <b>LPS EMPLOYEE ID #</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>LPS E-MAIL</b>
<b>HOME PHONE (Landline)</b>			<b>HIRE DATE (Your 1<sup>st</sup> Paid Contract Day)</b>
<b>CELL PHONE</b> <b>TEXT??</b> ___ YES ___ NO			<b>Were you a member in 2019-2020?</b> ___ YES ___ NO
<b>HOME E-MAIL</b>			<b>If yes, indicate the Local Association</b>

Payment Method	Position (Please Circle One)	Gender	Ethnic Group <sup>1</sup>	Registered Voter
<input type="checkbox"/> Check in Full (pay after August 1 <sup>st</sup> )	Teacher	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes
<input type="checkbox"/> Credit Card in Full (enter CC info on back – will be processed after August 1 <sup>st</sup> )	Subject Area: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> No
<input type="checkbox"/> EFT (Electronic Funds Transfer) (October through July monthly bank draft) Complete authorization below.*	Coordinator	<input type="checkbox"/> Other	<input type="checkbox"/> Black	<b>Political Party</b>
	Counselor	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Caucasian (not of Hispanic origin)	<input type="checkbox"/> Democrat
	Instructional Coach	<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Independent
	Media Specialist	<input type="checkbox"/> Gender Expansive/ Non-Confirming	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Republican
	School Nurse		<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other:
			<input type="checkbox"/> Other	
			<input type="checkbox"/> Unknown	

\*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.)**

<b>Account Type:</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	*Note: Do not use deposit slips for banking information.
<b>Bank Name:</b>		
<b>Bank Routing Number (9 digit):</b>		
<b>Bank Account Number</b>		

Certificated LEA/NSEA/NEA Dues	
<b>Membership Type: Please mark appropriate box. Write yearly dues amount in box on the right.</b>	
PK-12 Teachers, school administrators, and substitutes with a teaching certificate who work for Lincoln Public Schools.	
<input type="checkbox"/> Full Time (.51 FTE & Above)	\$78.00/month if divided over 10 months via EFT (\$780.00 for year)
<input type="checkbox"/> Half Time (.26 FTE - .50 FTE)	\$40.15/month if divided over 10 months via EFT (\$401.50 for year)
<input type="checkbox"/> Quarter Time (.25 FTE & Below)	\$35.75/month if divided over 10 months via EFT (\$357.50 for year)
<input type="checkbox"/> Substitute (not under contract – liability only)	\$16.90/month if divided over 10 months via EFT (\$169.00 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)	
<b>TOTAL</b>	

LEA/NSEA/NEA dues payments are not deductible as charitable contributions for federal income tax purposes. 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 National Education Association Fund for Children and Public Education (NEA-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 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. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. Contributions to the NEA Fund and LEA-PAC are not deductible as charitable contributions for federal income tax purposes.

Federal law requires political committees to 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 for Children and Public Education 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 political committees to report the name and mailing address for each individual whose LEA-PAC contributions aggregate in excess of \$250 in a calendar year.

**2020-2021 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.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING REPRISAL.

**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.

<sup>6</sup> **Dated Before September 1, 2020:** As a participant in the LEA/NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive prior to September 1, 2020 (but in no event before April 1, 2020) 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 2020-2021 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, 2020, through the date of the NEA EEL Program termination.

- Benefits for Early Enrollment Members.** Between April 1 and August 31, 2020, 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 until their memberships are fully activated in September 2020. Access to an attorney is not part of the Early Enrollment benefits. However, early enrollees would have access to an attorney for incidents that occur after their contract for the 2020-2021 school year begins.

- Limited Eligibility.** Early enrollment is limited to recruits for the 2020-2021 membership year who are either:
  - Individuals who sign up and pledge to pay unified Active membership dues as a first-time Active member beginning September 1, 2020, and cannot have had a membership in the past in order to be eligible for benefits, or
  - New NEA Student Program recruits who sign up and fully pay NEA Student Program dues for the 2020-2021 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

NAME  
ADDRESS  
CITY, STATE, ZIP

DATE

REF TO THE ORDER OF \$

BANK NAME  
ADDRESS  
CITY, STATE, ZIP

FOR

0123 0123456789 01234567890123\* 0123

Bank Routing Number      Bank Account Number      Check Number

## CREDIT CARD AUTHORIZATION FORM

Type of Card:  Visa  Mastercard  Discover

Cardholder Name (as shown on card):

Credit Card Number:

Expiration Date (mm/yy):

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