



# 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