

**2021-2022 MEMBERSHIP AGREEMENT – ESP**

Lincoln Education Association, Nebraska State Education Association, National Education Association  
4920 Normal Blvd., Lincoln, NE 68506

Join On-Line  
[www.mynea360.org/s/join-now](http://www.mynea360.org/s/join-now)



(402) 489-7500 [www.lincolneducationassociation.org](http://www.lincolneducationassociation.org) Enrolled by: \_\_\_\_\_

Valid January – February 2022

NAME			LOCAL ASSOCIATION	Lincoln Education Association
DATE OF BIRTH			EMPLOYER NAME	Lincoln Public Schools
ADDRESS			BUILDING NAME	
CITY	STATE	ZIP	LPS PHONE	LPS EMPLOYEE ID #
HOME PHONE (Landline)			LPS E-MAIL	
CELL PHONE	TEXT?? <input type="checkbox"/> YES <input type="checkbox"/> NO		HIRE DATE (Your 1 <sup>st</sup> Paid Contract Day)	
HOME E-MAIL			Were you a member in 2020-2021? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate the Local: _____	

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> ) <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 through July monthly bank draft) Complete authorization below.*	Educational Support Professional  <u>Job Title (Required):</u> _____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Gender Expansive/ Non-Confirming	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Hispanic 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	
Membership Type: Please mark appropriate box. Write yearly dues amount in box on the right. Custodians, bus drivers, para-educators, secretaries, cooks, and other support professionals who work for Lincoln Public Schools.	
<input type="checkbox"/> My annual salary is \$34,000 or above	\$40.54/mo. (7 months) or \$47.29/mo. (6 months) (\$283.75 total)
<input type="checkbox"/> My annual salary is between \$27,200 and \$33,999	\$37.53/mo. (7 months) or \$43.78/mo. (6 months) (\$262.70 total)
<input type="checkbox"/> My annual salary is between \$20,400 and \$27,199	\$28.01/mo. (7 months) or \$32.68/mo. (6 months) (\$196.10 total)
<input type="checkbox"/> My annual salary is between \$13,600 and \$20,399	\$22.00/mo. (7 months) or \$25.67/mo. (6 months) (\$154.00 total)
<input type="checkbox"/> My annual salary is between \$6,800 and \$13,599	\$14.24/mo. (7 months) or \$16.61/mo. (6 months) (\$99.65 total)
<input type="checkbox"/> My annual salary is between \$6,799 or less	\$8.22/mo. (7 months) or \$9.59/mo. (6 months) (\$57.55 total)

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. 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.

- MEMBERSHIP COMMITMENT: YES!** I want to join my fellow employees and become a member of the local association, the Nebraska State Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations, and agree to abide by the Constitution and Bylaws of all three associations.
- ANNUAL PAYMENT AUTHORIZATION: YES!** I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations unless I revoke this authorization in writing during the timeframe stated in the local's bylaws of the membership year immediately preceding the membership year for which the authorization is to be cancelled.
- 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 ANY REPRISAL.

**AUTHORIZATION SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Please read note 6 on back, if dated before September 1<sup>st</sup>)

# 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, 2021:** As a participant in the LEA/NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive prior to September 1, 2021 (but in no event before April 1, 2021) 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 2021-2022 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, 2021, through the date of the NEA EEL Program termination.

**Benefits for Early Enrollment Members.** Between April 1 and August 31, 2021, 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 2021-2022 school year begins.

## <sup>7</sup> Texting

I hereby consent to receive auto dialed 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 for Monthly EFT Payments

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.

## Check and Credit Card Payments:

Payment of dues by check or credit card is for the full annual amount. We are unable to process monthly checks or monthly credit card transactions.

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):	
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