

EXPLANATIONS

³ Ethnic Group

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

⁴ 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 Organizational Specialist or the NSEA Membership department 1-800-742-0047.

⁵ Dated before September 1, 2023

As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to September 1, 2023, but in no event before April 1, 2023 -- 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 2023-2024 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, 2023.

⁶ Higher Ed Adjunct Professors

An adjunct professor is a part-time professor who does not hold a permanent position at that particular academic institution. Dues are based on a part-time Active Professional level, depending on the number of hours worked.

⁷ 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 0123 01 23456789

DATE

REF TO THE ORDER OF \$

BANK NAME ADDRESS CITY, STATE, ZIP DOLLARS

FOR

⑆012345678⑆ 01234567890123⑆ 0123

Bank Routing Number Bank Account Number Check Number

Dues Information

MEMBERSHIP TYPE	LINCOLN (LEA)/ NSEA/NEA DUES	10-MONTH EFT
ACTIVE PROFESSIONAL (Certificated)		
Full time more than 50%	\$811.00	\$81.10
Half time 50% or less	\$420.50	\$42.05
Quarter time 25% or less	\$374.50	\$37.45
Active Substitute (under contract)	\$285.50	\$28.55
Substitute not under contract (liability only)	\$180.00	\$18.00
ACTIVE ESP (Classified)		
My ESP annual salary is \$35,200 or above	\$588.50	\$58.85
My ESP annual salary is between \$28,160 and \$35,199	\$545.30	\$54.53
My ESP annual salary is between \$21,120 and \$28,159	\$408.40	\$40.84
My ESP annual salary is between \$14,080 and \$21,119	\$322.00	\$32.20
My ESP annual salary is between \$7,040 and \$14,079	\$210.35	\$21.04
My ESP annual salary is \$7,039 or less	\$123.95	\$12.40

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