Nebraska State Education Association
605 South 14th Street • Lincoln, Nebraska 68508
www.nsea.org • (800) 742-0047

2026-2027 LEA/NSEA/NEA MEMBERSHIP AGREEMENT

JOIN ONLINE: www.nsea.org/JoinNow or scan the QR code

FAX: (402) 475-2630 • EMAIL: membership@nsea.org

Referred by: _____

JOIN NOW! As a member, you join forces with fellow educators to make a difference in the social and racial justice issues that matter most to you and that affect your students' lives. The association works to achieve opportunities for all students and provides training to members to develop new teaching strategies.

Required fields shown in red. Failure to complete will delay processing of your membership.

ABOUT YOU			WHERE YOU WORK	
NAME			LOCAL ASSOCIATION	**Lincoln Education Association**
DATE OF BIRTH			EMPLOYER NAME	**Lincoln Public Schools**
ADDRESS			BUILDING NAME	
CITY	STATE	ZIP	HIRE DATE	
LANDLINE PHONE			WORK PHONE	
CELL PHONE	TEXT?[7] __ YES __ NO			
PERSONAL E-MAIL			WORK E-MAIL	
WERE YOU A MEMBER IN 2025-26? __ YES __ NO			IF YES, INDICATE THE LOCAL:	

POSITION	LEVEL	ETHNIC GROUP[3]	REGISTERED VOTER?
☐ TEACHER SUBJECT AREA: _____	☐ PK-12	☐ AMERICAN INDIAN/ALASKA NATIVE	☐ YES
		☐ ASIAN	
	☐ HIGHER ED	☐ BLACK	☐ NO
☐ COUNSELOR	**GENDER**	☐ CAUCASIAN (NOT OF HISPANIC ORIGIN)	
☐ NURSE	☐ FEMALE	☐ HISPANIC	**POLITICAL PARTY**
☐ EDUCATION SUPPORT PROFESSIONAL POSITION: _____	☐ MALE	☐ MIDDLE EASTERN OR NORTH AFRICAN (MENA)	☐ DEMOCRAT
	☐ OTHER	☐ MULTIETHNIC	☐ INDEPENDENT
☐ ADMINISTRATOR* *DIRECTLY HIRES, EVALUATES, TRANSFERS, DISCIPLINES OR DISMISSES	☐ TRANSGENDER FEMALE	☐ MULTIRACIAL	☐ REPUBLICAN
	☐ TRANSGENDER MALE	☐ NATIVE HAWAIIAN/PACIFIC ISLANDER	☐ OTHER: _____
	☐ GENDER-EXPANSIVE/ NON-CONFORMING	☐ OTHER	
		☐ UNKNOWN	

Please select your membership category and mark one appropriate box. Write dues amount in blue box.

Professional Category and LEA/NSEA/NEA Dues* PK-12 Teachers, school administrators, and substitutes with a teaching certificate who work for a public educational institution; higher ed faculty and adjunct professors.[6]		Education Support Professional and LEA/NSEA/NEA Dues Custodians, bus drivers, para-educators, secretaries, cooks, and other support personnel who work for a public educational institution; and higher ed academic professionals or support staff.	
☐ Full Time (more than 50%)	$854.00	☐ My ESP annual salary is $38,165 or above	$616.50
☐ Half Time (50% or less)	$450.50	☐ My ESP annual salary is between $30,532 and $38,164	$573.10
☐ Quarter Time (25% or less)	$400.50	☐ My ESP annual salary is between $22,899 and $30,531	$429.80
☐ Substitute (not under contract - liability only)	$185.75	☐ My ESP annual salary is between $15,266 and $22,898	$343.00
		☐ My ESP annual salary is between $7,633 and $15,265	$227.95
		☐ My ESP annual salary is $7,632 or less	$141.15

DUES[1]	
NEA[4]/NSEA/LEA	
NEA-FUND[2]	
LOCAL PAC	
TOTAL	
MONTHLY DUES	

Dues payments are not deductible as charitable contributions for federal income tax purposes.

PAYMENT METHOD

☐ **Check in Full**

☐ **Credit Card - Payment in Full Only**
Enter card info on back.

☐ **AutoPay (Electronic Bank Transfer)**
(October – July bank draft, no dues deducted August and September)
Complete authorization on back.

COMPLETE THE BACK OF THIS FORM.

AutoPay (ELECTRONIC BANK TRANSFER): Bank Draft Authorization: Complete this authorization or attach a voided check.

Payment Plan: Dues deducted October – July; no dues are deducted in August and September.

ACCOUNT TYPE:	☐ **CHECKING**	☐ **SAVINGS** NOTE: DO NOT USE DEPOSIT SLIPS FOR BANKING INFORMATION.
NAME ON ACCOUNT:		
BANK NAME:		
BANK ROUTING NUMBER (9 DIGIT):		
BANK ACCOUNT NUMBER:		

CREDIT CARD AUTHORIZATION FORM (Payment in Full Only)

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			

☐ **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.

☐ **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.

☐ **I UNDERSTAND THAT I CAN REQUEST TO END MY MEMBERSHIP AT ANY TIME, AND 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.**

☐ I authorize the Nebraska State Education Association or its designated local to charge my credit/debit card or checking/savings account, as provided above, for annual dues and for any authorized PAC contribution. I authorize the Nebraska State Education Association or its designated local to initiate electronic fund transfers from my credit/debit card or checking/savings account for annual dues and any authorized PAC contributions. I authorize those payments to be made through the initial membership year which begins September 1, 2026, and ends August 31, 2027, and recurring annually for each membership year thereafter. The total payments for the initial membership year dues obligation will be _____. Payments will be made in monthly installments in the amount of _____ on or around the ____ of each month, starting the first day of the month after I complete this agreement. I understand that the final installment may include a residual amount to account for any remaining balance. If there are any changes to the annual dues, I will be notified in writing at least 10 days before any adjustments are made. I acknowledge that I can cancel this authorization at any time by providing written notice.

I understand that if the governing bodies of NEA or its affiliates change the amount of annual dues, the NEA or local will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. The total amount of my NEA Fund for Children and Public Education contributions, if any, shall remain fixed unless I notify NSEA of any adjustments to future contribution amounts in writing sent to 605 S 14th St, Lincoln, NE 68508 or by e-mail at membership@nsea.org. Following either notice, I authorize the NSEA or local to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to the NSEA at 605 S 14th St, Lincoln, NE 68508 and include my name, address, employer, and membership number. I understand that termination of this authorization will take effect 7 days after receipt by the NSEA. I further understand that termination of this authorization, or the rejection of any charge or debit, shall not constitute the termination of my membership or dues obligation.

AUTHORIZED SIGNATURE

DATE (READ NOTE 5 BELOW IF DATED BEFORE SEPT 1)

EXPLANATIONS

[1]**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.

[2]**The NEA FUND:** 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. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to The NEA Fund 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.

Contributions to the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Although the NEA Fund requests an annual contribution of $15.00, this is only a suggestion. 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. Federal law requires political committees to use best efforts to report the name, mailing address, occupation, and name of employer for each individual whose 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.

[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, 2026:** As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive — prior to September 1, 2026 but in no event before April 1, 2026 — 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 2026-2027 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, 2026.

[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.