

# Missouri NEA/NEA/ 2021-2022 Membership Enrollment Form

## LOCAL ASSOCIATION:

BUILDING NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

## MEMBERSHIP HISTORY

Have you ever been an MNEA member?  YES  NO

Student NEA member last year  YES  NO

Social Security Number (last four digits)

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Work Email \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Preferred email:  Home  Work Preferred phone:  Cell  Home  Work

## MEMBERSHIP TYPE:

### ANNUAL DUES

	NEA/MNEA <sup>1</sup>	
Prior to your first deduction, you will receive written notification of your average monthly cost	Local	
	<b>TOTAL</b>	

### LEVEL

- Early Childhood/PreK  
 Elementary  
 Middle School  
 Junior High  
 High School  
 Higher Education

### POSITION

- Teacher/Subject Area: \_\_\_\_\_  
 Counselor  
 Librarian  
 Support Personnel Position: \_\_\_\_\_  
 Other \_\_\_\_\_

### ETHNIC GROUP <sup>2</sup>

- American Indian/Alaska Native  Hispanic  
 Asian  Multi-ethnic  
 Black  Native Hawaiian/Pacific Islander  
 Caucasian (not of Spanish origin)  Unknown  
 Other

\* **Cell Phone Note:** You can opt out of receiving occasional cell phone alerts/texts from your local, state or national NEA affiliate by contacting Missouri NEA at 1-800-392-0236.

## CAREFULLY READ EACH PARAGRAPH IN THE BOX BELOW. THEN SIGN AND DATE INDICATING AGREEMENT AND AUTHORIZATION.

**Membership Commitment:** I want to join as a member of the Local NEA Association, Missouri NEA and the National Education Association (NEA). 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:** I hereby agree to pay the annual 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 those associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those amounts unless I revoke this authorization in a signed writing sent to Missouri NEA, 1810 E. Elm Street, Jefferson City, MO 65101, via U.S. mail, between August 1 and August 31 preceding the membership year for which the authorization is to be cancelled.

**Local and State Legislative/Political Action Fund:** These funds are used to support pro-public education candidates, pass local levy/bond issues, and support school board candidates endorsed by your local affiliate. In signing, I hereby agree to a voluntary contribution of \$1 per month (split 50/50 between my local and state legislative/political action fund). To adjust the recommended amount up or down, I must write a different monthly amount here \$\_\_\_\_\_. (Read more on back.) <sup>3</sup>

**Unite-Inspire-Lead Ballot Issue Fund:** This is the fund used to win the recent ballot fights to protect local control, tenure, voting rights and employee rights. In signing, I hereby agree to a voluntary contribution of \$1 per month for Professional members and \$0.50 per month for Educational Support Professional members to the Unite-Inspire-Lead Ballot Issue Fund. To adjust the recommended amount up or down, I must write a different monthly amount here \$\_\_\_\_\_. (Read more on back.) <sup>4</sup>

**EEL Program Authorization:** As a participant in the Missouri NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to Sept. 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 Sept. 1, 2021.

I understand that my membership and contributions are voluntary, signing this agreement is not a condition of employment and that I have the legal right to refuse to join and/or contribute without suffering any reprisal.

<sup>1 2 3 4</sup> Please read explanations on back.

 Member Signature

Date

 Association Representative Signature

School District

# Explanations

## 1 Dues

For exact dues amounts, call your MNEA office (see locations and phone number below). When choosing Bank Draft or Credit Card, in August you will receive written notification informing you of the number of withdrawals and amount for each withdrawal as required by federal regulations.

Of the total Missouri NEA dues, \$3.20 is for a one-year subscription to Something Better.

## 2 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, Missouri 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.

## 3 Local and State Legislative/Political Action Fund

MNEA collects voluntary contributions from members to be used in supporting or opposing local and state policy issues, local bond/levy elections, school board election activity and candidates identified through member screening committees as friends of public education. \$1 per month is a recommended minimum amount with ½ set aside to be used by your local association. Many members choose to give more; however, state law requires MNEA to report to the Ethics Commission the name and mailing address of any individual whose contributions aggregated in excess of \$100. You may adjust this voluntary contribution up or down by writing a different amount in the blank space provided on this form.

## 4 Unite-Inspire-Lead Ballot Issue Fund

The time is now to let your voice be heard on ballot issues that impact public educators. For twelve years all members contributed approximately \$13 automatically but in 2018 the state legislature passed HB 1413 to shut down your voice by requiring you to sign this form annually authorizing your contribution. We have used our ballot fund to pass minimum wage increases for support staff and to fight extreme tax reforms that jeopardize school funding. The Unite-Inspire-Lead Ballot Issue Fund has defeated anti public education ballot issues for the past decade. You may adjust this voluntary contribution up or down by writing a different amount in the blank space provided on this form.

**NEA Complimentary Life Insurance**, free with membership, pays up to \$1,000 for any death from natural causes and up to \$5,000 for any accidental death. It insures every MNEA member for \$50,000 for death or dismemberment resulting from any accident or any assault that occurs while the member is on the job or engaged in an Association leadership activity. It also provides a \$150,000 benefit in the event a member's death results from an unlawful homicide occurring on the job. For more information on this life insurance benefit and to register your beneficiary, visit [www.mnea.org](http://www.mnea.org) and click the Member Benefits Link, and then Complimentary Life Insurance, or call (800) 637-4636.

### METHOD OF PAYMENT

Bank Draft     Credit Card     Check (Paid in Full)

### BANK DRAFT AUTHORIZATION

Attach a voided check or complete form below.



I (we) hereby authorize Missouri NEA to initiate debit entries to my (our) account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by Missouri NEA.

Bank Name	Bank Address
City	State                          Zip
Bank Transit Number (first set of numbers) <b>⋮</b> <input type="text"/>	Account Number <b>⋮</b> <input type="text"/>

This authorization is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to his account by BANK up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever occurs first.

Name (as it appears on the account)

Signed	Date
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*The payment amount will be charged to your checking account. You will be mailed a payment schedule that details the deduction amount and payment dates. Starting date will be after Sept. 1, and your local association will determine the payment date and number of payments.*

### CREDIT CARD AUTHORIZATION (NO DEBIT CARDS)

Name (as it appears on card)	
Credit Card Number <input type="text"/>	___ Pay in Full
Exp. Date (MM/YYYY) <input type="text"/> / <input type="text"/>	CSC (last 3 numbers on back) <input type="text"/> ___ Monthly Payments

## MAIL TO YOUR NEAREST MISSOURI NEA REGIONAL OFFICE

### Headquarters/Central

1810 E. Elm St.  
Jefferson City, MO 65101  
Fax (573) 634-5646

**Questions? Call**  
1-800-392-0236

### Kansas City

4224 S. Hocker Dr., Ste. 200  
Independence, MO 64055

### Springfield

1525-B W. Sunshine  
Springfield, MO 65807

### St. Charles County

1011 Peruque Crossing Ct.  
O'Fallon, MO 63366

### St. Louis

955 Gardenview Office Parkway  
St. Louis, MO 63141