

# 2018-2019 MEMBERSHIP AGREEMENT

Enrolled by (name): \_\_\_\_\_

OMAHA EDUCATION ASSOCIATION - NEBRASKA STATE EDUCATION ASSOCIATION - NATIONAL EDUCATION ASSOCIATION  
4202 South 57<sup>th</sup> Street, Omaha NE 68117 402-348-0400 www.omahaoea.org Inter-School Mail Delivery = OEA

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

JANUARY – FEBRUARY 2019 MEMBERSHIP AGREEMENT

NAME	BUILDING NAME
LAST 4 DIGITS - SOCIAL SECURITY NUMBER	CELL PHONE TEXT <sup>7</sup> <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF BIRTH	HOME PHONE (Landline)
ADDRESS	EMPLOYEE NUMBER
CITY STATE ZIP	HIRE DATE
HOME E-MAIL	Were you a member in 2017-2018? YES / NO
WORK E-MAIL	If yes, indicate the Local Association

<b>Payment Method</b>	<b>Position</b>	<b>Gender</b>	<b>Political Party</b>	<b>Ethnic</b>	<b>Group<sup>8</sup></b>
<input type="checkbox"/> Check in Full <input type="checkbox"/> Credit Card in Full <input type="checkbox"/> EFT (Electronic Funds Transfer) (Monthly – July bank draft) Complete authorization below* *Membership will not be processed until EFT banking authorization is received.	<input type="checkbox"/> Teacher Subject Area: _____ <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse	<input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Registered Voter</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Democrat <input type="checkbox"/> Independent <input type="checkbox"/> Republican <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Spanish 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

<b>EFT (Electronic Funds Transfer) – Bank Draft Authorization (Complete this authorization or attach a voided check.)</b>	
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	

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

<b>Professional Category and NSEA/NEA/OEA Dues</b>	
PK-12 Teachers, school administrators, and substitutes with a teaching certificate who work for a public educational institution.	
<input type="checkbox"/> Full Time (more than 50%)	\$66.50/month (\$399/year)
<input type="checkbox"/> Half Time (50% or less)	\$29.29/month (\$205/year)
<input type="checkbox"/> Substitute	\$23.75/month (\$166.25/year)

<b>Monthly Dues<sup>2</sup> (Monthly - July)</b>	
NEA <sup>3</sup> /NSEA/OEA/month	
NEA-FUND <sup>4</sup> /month Suggested Monthly Contribution = \$1.50	
OEA-CAF <sup>5</sup> /month Requires a Minimum Monthly Contribution of \$1.50	
<b>MONTHLY TOTAL</b>	
Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.	

<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: The NEA Fund for Children and Public Education (NEA-FUND) collects voluntary contributions from Association members which are used 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. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of the employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits The NEA Fund 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.

**2018-2019 MEMBER ENROLLMENT AUTHORIZATION:** In exchange for membership benefits as provided by NSEA policies and bylaws, I agree to pay to the NSEA the full amount of annual dues and/or contributions indicated above. This Agreement shall automatically renew each school contract year, and I agree to accept and pay any changes in the amount of dues and/or contributions officially adopted by the respective governing bodies upon certification in writing by the local association unless such renewal is revoked in writing.

I agree by signing below that I will pay the total annual dues by the payment method indicated above. I acknowledge that the revocation of my authorization for a payment method does not revoke my obligation to pay the total dues amount unless notice is otherwise provided. I affirm that the above information is accurate to the best of my knowledge.

Enrollment in the unified profession shall be on a continuing basis. A member may resign her/his membership in writing after May 1<sup>st</sup> and before July 1<sup>st</sup>, for the following year. This authorization shall continue in force until a written notice of revocation is received by the Omaha Education Association. This authorization shall permit and accept any changes in the amount of dues and/or contributions officially adopted by the respective governing bodies upon certification of the local association unless I revoke this membership in writing after May 1, 2019, and prior to July 1, 2019.

AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Please read note 8 on back, if dated before September 1st)