

2019-2020 MEMBERSHIP AGREEMENT

Enrolled by (name): _____

OMAHA EDUCATION ASSOCIATION - NEBRASKA STATE EDUCATION ASSOCIATION - NATIONAL EDUCATION ASSOCIATION

4202 South 57th Street, Omaha NE 68117 402-346-0400 www.omahaoea.org Inter-School Mail Delivery = OEA

Form valid through 02-29-20

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

NAME	BUILDING NAME
LAST 4 DIGITS - SOCIAL SECURITY NUMBER	CELL PHONE TEXT⁷ <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 2018-2019? YES / NO
WORK E-MAIL	If yes, indicate the Local Association

Payment Method <input type="checkbox"/> Check in Full <input type="checkbox"/> Credit Card in Full <small>(Enter CC info on back-will be processed after August 1st)</small> <input type="checkbox"/> EFT (Electronic Funds Transfer) <small>(October – July bank draft) Complete authorization below* *Membership will not be processed until EFT banking authorization is received.</small>	Position <input type="checkbox"/> Teacher Subject Area: _____ <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse <input type="checkbox"/> Other _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Registered Voter <input type="checkbox"/> Yes <input type="checkbox"/> No	Political Party <input type="checkbox"/> Democrat <input type="checkbox"/> Independent <input type="checkbox"/> Republican <input type="checkbox"/> Other	Ethnic Group¹ <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
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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	_____

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

Professional Category and NSEA/NEA/OEA Dues	
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%)	\$80.70/month (\$807/year)
<input type="checkbox"/> Half Time (50% or less)	\$41.50/month (\$415/year)
<input type="checkbox"/> Substitute	\$16.78/month (\$167.75)

Monthly Dues ² (October - July)	
NEA ³ /NSEA/OEA/month	
NEA-FUND ⁴ /month <small>Suggested Monthly Contribution = \$1.50</small>	
OEA-CAF ⁵ /month <small>Requires a Minimum Monthly Contribution of \$1.50</small>	
MONTHLY TOTAL	
<small>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.</small>	

² **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.

⁴ **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.

2019-2020 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 1st and before July 1st, 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, 2020, and prior to July 1, 2020.

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 1st)

EXPLANATIONS

¹ **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.

³ **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 **OEA-CAF** The OEA Children's Action Fund (OEA-CAF) collects voluntary contributions from OEA members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of candidates who are friends of public education. Contributions to OEA Children's Action 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. The OEA Children's Action Fund requires a payroll deduction minimum annual contribution of \$15. A member may contribute more than the minimum amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in OEA/NSEA/NEA.

Contributions or gifts to OEA Children's Action Fund are not deductible as charitable contributions for federal or state income tax purposes. OEA-CAF follows the guidelines set forth in The Nebraska Political Accountability and Disclosure Act (the NPADA) (§§49-1401 et seq, Nebraska Revised Statutes) which regulates the financial activities of state political action committees (PACs) in Nebraska.

⁶ **Dated before September 1, 2019** As a participant in the NSEA/NEA Early Enrollment Membership Incentive Plan, I am eligible to receive -- prior to September 1, 2019, but in no event before April 1, 2019 -- 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 2019-2020 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, 2019.

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 2345/789
DATE	
PAY TO THE ORDER OF	\$
BANK NAME ADDRESS CITY, STATE, ZIP	DOLLARS
FOR	
⑆0123456789⑆ ⑆01234567890123⑆ ⑆0123	
Bank Routing Number	Bank Account Number
	Check Number

CREDIT CARD AUTHORIZATION FORM

Type of Card: Visa Mastercard Discover

Cardholder Name (as shown on card):

Credit Card Number:

Expiration Date (mm/yy):

3-Digit Security Code (back of card):

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