EDUCATION SUPPORT EMPLOYEES ASSOCIATION
NEVADA STATE EDUCATION ASSOCIATION
NATIONAL EDUCATION ASSOCIATION

Membership Enrollment Form

BELOW TO BE COMPLETED BY MEMBER

LAST NAME	FIRST NAME		MIDDLE INITIAL
ADDRESS			
CITY	STATE	ZIP CODE	SOCIAL SECURITY NO.
WORK LOCATION	WORK PHONE	HOME PHONE	CELL PHONE
POSITION TITLE	E-MAIL ADDRESS		
SHIFT (Please describe in hours - i.e. 3-11 pm)	HOURS WORKED PER DAY	MONTHS PER YEAR	

MEMBERSHIP TYPE ☐ Full Time (5.0 hrs +) ☐ Half Time (4.1 - 4.9 hrs)

METHOD OF PAYMENT ☐ Payroll

DUES Full Time: $29.61 Part Time: $15.37

* The following information is optional and failure to answer it will in no way affect your membership status, rights or benefits in NEA, NSEA, or ESEA.

SEX:
☐ Male
☐ Female

BIRTH DATE:
____/____/____
Month Day Year

ETHNIC CODE:
☐ American Indian/Alaska Native
☐ Asian
☐ Hispanic
☐ Caucasian
☐ Black
☐ Pacific Islander
❑ Other _____

REGISTERED VOTER:
☐ Yes ☐ No

IF YES, PARTY AFFILIATION:
☐ Democrat ☐ Republican
☐ Independent ☐ Non-Partisan

NEA Fund for Children and Public Education
Authorization for Payroll Deduction

The National Education Association Fund for Children and Public Education 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. Contributions to The NEA Fund for Children and Public Education 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. Although The NEA Fund for Children and Public Education requests an annual contribution of $15, 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. Contributions or gifts to The NEA Fund for Children and Public Education 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 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.

Yes, I want to make an important investment in our future by contributing to the NEA Fund. I will contribute $_____ per pay check as a payroll deduction for this purpose.

TO PARTICIPATE IN THE EARLY ENROLLMENT PLAN, PLEASE COMPLETE THE EARLY ENROLLMENT MEMBERSHIP FORM.

My signature authorizes ESEA to negotiate for me before the school district, as provided in Nevada Statutes, those items affecting my salary, hours and conditions of employment and to represent me in other matters affecting the professional services of educators and the quality of education.

Payroll Deduction Authorization. With full knowledge of the above, I hereby authorize my employer to deduct from my salary, and pay ESEA, in accordance with the agreed-upon payroll deduction procedure, the professional dues as established annually and the political action contributions in the amounts indicated above for this membership year and each year thereafter, provided that I may revoke this authorization by giving written notice to that effect to ESEA between July 1 and July 15 of any calendar year, pursuant to Article III Section 3 of the ESEA Bylaws. Dues are paid on an annual basis and although dues may be deducted from my payroll check(s) in order to provide an easier method of payment, a member is obligated to pay the entire amount of dues for a membership year. I understand that if I resign my membership in ESEA, or in the event of termination, resignation or retirement from employment, I am still obligated to pay the balance of my annual dues and political or positive image contributions for that membership year and such payments will continue to be deducted from my payroll check(s).

Dues and political contributions are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as a miscellaneous itemized deduction.

MEMBER'S SIGNATURE _____ **DATE** _____ **ASSOCIATION AGENT** _____ **DATE** _____

☐ **Check here if you would like a copy of this form emailed to you.**

NEA Complimentary Life® Insurance Beneficiary Registration Form

NEA Complimentary Life® Insurance is an automatic benefit for eligible NEA members. Please help us administer this program by giving us information on your beneficiary and by completing this form in its entirety. **This information will be held in strict confidence.** Thank you.

PLEASE PRINT

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Date of Birth ___/___/___ Social Security No. _____
Month Day Year

Select your beneficiary for the NEA Complimentary Life® death benefit:
(1) ❑ Surviving spouse (at time of death)
(2) ❑ Surviving children (divided equally)
(3) ❑ Surviving parents
(4) ❑ Estate

(5) ❑ Other
Name _____
Relationship _____
(if selecting partner, provide name of beneficiary and relationship to you.)

I am currently an:
(1) ❑ Active (2) ❑ Life* (3) ❑ Reserve (4) ❑ Staff
* Life members must be actively employed in the field of education.

Marital status:
(1) ❑ Single (2) ❑ Married
(3) ❑ Separated, Divorced, Widowed

Are you the major wage earner in your household?
(1) ❑ Yes (2) ❑ No (3) ❑ About the same

Gender:
(1) ❑ Male (2) ❑ Female

If married, what is the employment status of your spouse?
(1) ❑ Education employee
(2) ❑ Other professional
(3) ❑ Executive
(4) ❑ White-collar worker
(5) ❑ Blue-collar worker
(6) ❑ Unemployed
(7) ❑ Homemaker
(8) ❑ Student
(9) ❑ Other
(10) ❑ Retired

Total family income:
(1) ❑ $19,000 or below
(2) ❑ $20-29,999
(3) ❑ $30-39,999
(4) ❑ $40-49,999
(5) ❑ $50-59,999
(6) ❑ $60-69,999
(7) ❑ $70,000 or above

Number of children dependent on you for support and their year of birth:
(1) ❑ 0 (2) ❑ 1 (3) ❑ 2 (4) ❑ 3 (5) ❑ 4 or more

1st Child (DOB) _____ 3rd Child (DOB)_____
2nd Child (DOB)_____ 4th Child (DOB)_____

Which statement best describes your housing situation?
(1) ❑ Rent living quarters
(2) ❑ Own condominium
(3) ❑ Own mobile home
(4) ❑ Own house
(5) ❑ Live with relatives
(6) ❑ Other

I have been a continuous NEA member since the _____ school year.

By signing this form, I verify that I am a member in good standing of the National Education Association.

Member's Signature **X**_____ Date Signed _____

NEA Complimentary Life® Insurance Benefits

(Formerly known as DUES-TAB®)

Free coverage for eligible members: Up to $50,000 in accidental death and dismemberment insurance and a $150,000 benefit for death due to homicide while actively engaged in your occupation.