



Membership Enrollment Form

BELOW TO BE COMPLETED BY MEMBER

T-SHIRT SIZE _____

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS			SOCIAL SECURITY NO.	
CITY	STATE	ZIP CODE	PERSONAL E-MAIL ADDRESS	
SCHOOL LOCATION		SCHOOL PHONE		HOME PHONE

* 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 WEA.

SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	SUBJECT: <input type="checkbox"/> Agriculture <input type="checkbox"/> Art <input type="checkbox"/> Business/Economics Education <input type="checkbox"/> Driver Education <input type="checkbox"/> English <input type="checkbox"/> Foreign Language <input type="checkbox"/> Health/Phys. Educ./Recreation <input type="checkbox"/> Home Economics <input type="checkbox"/> Industrial Arts <input type="checkbox"/> Mathematics/Computer <input type="checkbox"/> Music <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Special Education <input type="checkbox"/> Occupational Education <input type="checkbox"/> General Subjects <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	POSITION: <input type="checkbox"/> Classroom <input type="checkbox"/> Teacher/Faculty <input type="checkbox"/> Psychologist <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse <input type="checkbox"/> Librarian <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Other _____ (identify)	METHOD OF PAYMENT: <input type="checkbox"/> Payroll <input type="checkbox"/> Cash <input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> Associate <input type="checkbox"/> Educational Support <input type="checkbox"/> Student <input type="checkbox"/> Other _____
BIRTH DATE: ____ / ____ / ____ Month Day Year	ETHNIC CODE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other _____		LEVEL: <input type="checkbox"/> Kindergarten/Preschool <input type="checkbox"/> Elementary/Intermediate <input type="checkbox"/> Middle/Junior <input type="checkbox"/> High School <input type="checkbox"/> Other _____
REGISTERED VOTER: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, party affiliation: <input type="checkbox"/> Democrat <input type="checkbox"/> Independent <input type="checkbox"/> Republican <input type="checkbox"/> Non-Partisan			

I want to make an important investment in my future by contributing to the **WEA Together In Politics Fund** to support local candidates and campaigns
 I will contribute \$ _____ per month to the WEA TIP Fund.

The NSEA Delegate Assembly voted in April of 1989 to establish a \$2.00 per month assessment of all members for the political action fund to elect friends of education to state and local office. If you wish to have this deduction made, DO NOTHING ELSE IN THIS SECTION. However, if you'd prefer to place the assessment in the positive image fund or if you would prefer no assessment, then check the appropriate box below. Failure to mark either box will result in the assessment going to the political action fund. This is not tax deductible for federal income tax purposes.
 Put my assessment in the positive image fund. I DO NOT want to be assessed.

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.**

My signature authorizes WEA 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 agree to pay cash for, or herein authorize my employer to deduct from my salary, and pay WEA, 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 WEA between July 1 and July 15 of any calendar year, or as otherwise designated by the negotiated agreement. 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 WEA, 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 _____
WHITE: SCHOOL DISTRICT	YELLOW: WEA	PINK: NSEA	GOLDENROD: MEMBER

NEA DUES-TAB® Beneficiary Registration Form

NEA DUES-TAB® 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 (____) _____ / _____ / _____ Social Security No. _____
Month Day Year

Select your beneficiary for the NEA DUES-TAB® 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

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 DUES-TAB® Insurance Benefits

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.