

**NEA of Southern Nevada (NEA-SN)
Nevada State Education Association (NSEA)
National Education Association (NEA)
Membership Enrollment Form**

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>
CURRENT Mailing Address:		Local Affiliate:
Number & Street: _____		NEA of Southern Nevada (NEA-SN)
Apt or Unit #: _____		
City: _____ State: _____ Zipcode: _____		
Cell Phone:	Home Phone:	Personal Email Address:
<p>*By providing my cellular phone number, I understand that NEA-SN and it's affiliates NSEA and NEA may use automated calling techniques and/or text messages on a periodic basis. NEA-SN, NSEA, or NEA will never charge for text message alerts. Carrier messages and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more instructions.</p>		
Last Four Digits of Social Security #: <div style="text-align: center; margin-top: 10px;"> X X X--X X-- _____ </div>		
School District Employed By:	Location and Site #:	
Contract Hours at Site:	Position At Site:	
Date of Birth:	I am interested in doing training in the following topics:	
Month: _____ Day: _____ Year: _____	<input type="checkbox"/> Social Justice <input type="checkbox"/> DACA/Dreamer <input type="checkbox"/> LGBTQ Issues <input type="checkbox"/> Educ Leadership <input type="checkbox"/> Trauma <input type="checkbox"/> Advocacy	
My dues will be paid: _____ Cash/Check (lump sum only) EFT: _____ Credit Card: _____		

The information requested in the next boxes is purely OPTIONAL and failure to answer it will in NO WAY affect your membership status, rights, or benefits in NEA, NSEA, or NEA-SN

SEX: Female: _____ Male: _____ Intersex: _____ Other: _____	ETHNICITY: _____ American Indian/ Alaska Native _____ Black/African American _____ Afro-Caribbean _____ Latinx _____ Asian/Pacific Islander _____ White	POLITICAL PARTY: _____ Republican _____ Democrat _____ Independent _____ Libertarian _____ Green Party _____ Non-Partisan
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Yes, I want to join all three organizations: NEA of Southern Nevada (NEA-SN), Nevada State Education Association (NSEA) and 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. My signature authorizes NEA-SN to negotiate for me before Clark County School District as provided in Nevada Revised Statutes, those items affecting my salary, hours, and terms and conditions of employment and to represent me in other matters affecting professional services of education personnel and the quality of education. To the extent that NEA-SN is not currently an organization recognized as the exclusive representative for purposes of collective bargaining. I understand that NEA-SN will seek to obtain that status.

I agree to pay all annual dues, fees, and assessments required for membership in the NEA of Southern Nevada, Nevada State Education Association, and National Education Association and any contribution amount authorized for NEA-SN TIP, NSEA-TIP, and/or NEA Fund for Children and Public Education. I understand that I am not enrolled as a member until such time as payment information has been provided to NEA-SN. I fully understand that the annual dues, fees, and assessments required for membership in the three associations are subject to periodic changes by the governing bodies of the associations, unless my obligation to do so ends under of the circumstances set forth below. The authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to the address below between July 1 and July 15 of the membership year immediately preceding the membership year for which the authorization is to be revoked, or as otherwise designated by the negotiated agreement; or (b) my employment with the Clark County School District ends. Dues are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as a miscellaneous itemized deduction.

Signature: _____ Date: _____

3511 East Harmon Avenue, Las Vegas, NV 89121

To complete enrollment you must provide us with how you want to pay dues so we can get it set up to begin September 2020. Dues are ANNUAL, but as a courtesy we split them up into 12 months. This information is given directly to our Membership Information Specialist only who enters it into the NEA system. It will be used to pay dues only:

Last Name: _____ First Name: _____

I am paying dues via: EFT (Checking Acct): () RCC (Credit Card): ()

Please fill out ONLY the section for your chosen payment type:

EFT—Checking Account (Twice per month \$19.18 each on 10th and 25th):

Bank Name: _____

Bank Address: _____

Account Number: _____

Routing Number: _____

RCC—Credit Card (Once per month for \$38.36 on the 1st)

Card Number: _____

Expiration Date: _____ CVV2: _____

Lump Payment of \$460 may also be paid by: Cash () Credit Card: () Check: ()