

Together. A Stronger Voice.



Join Our Union

MEMBERSHIP COMMITMENT: YES!

I want to join my fellow employees and become a member of the local association, NEA-New Hampshire, and the National Education Association. I hereby request and voluntarily accept membership in these associations, and agree to abide by the Constitution and Bylaws of all three associations.

ANNUAL PAYMENT AUTHORIZATION: YES!

I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or the payment method selected below unless I revoke this authorization in a signed writing sent to 9 S. Spring St., Concord, NH 03301 via U.S. mail between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be canceled.

| CATEGORY | MEMBERSHIP TYPE CODE | ANNUAL AMOUNT |
|---|----------------------|-------------------------|
| NEA Dues | <input type="text"/> | \$ <input type="text"/> |
| NEA-NH Dues | <input type="text"/> | \$ <input type="text"/> |
| Local Dues | <input type="text"/> | \$ <input type="text"/> |
| Total Dues | <input type="text"/> | \$ <input type="text"/> |
| NEA-NH Fund (Apple Corps Fund, suggested contribution \$25) | | \$ <input type="text"/> |
| NEA Fund (FCPE) (suggested contribution \$15) | | \$ <input type="text"/> |
| Total Amount (including dues and contributions) | | \$ <input type="text"/> |

| SELECT A PAYMENT METHOD | | |
|-------------------------|-------------------------------------|--|
| Payment Method | <input checked="" type="checkbox"/> | Description |
| Payroll Deduction | <input type="checkbox"/> | Dues deducted from your paycheck. (Please check with the SAU Office to be sure the correct dues amount is being deducted.) |
| EasyPay (EFT) | <input type="checkbox"/> | Must complete NEA-New Hampshire Bank Account (EFT) or credit/debit card authorization. |
| Credit Card | <input type="checkbox"/> | |
| Check | <input type="checkbox"/> | Dues paid in full upon enrollment. (One annual payment by check payable to your local association.) |

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.

SIGNATURE: _____ **DATE:** _____

Dues payments are not deductible as charitable contributions for federal income tax purposes.

Full Name: _____ **Employer:** _____

Personal Email: _____ **Local Union:** _____

(No abbreviations)

Home Address: _____ **Building Name:** _____

City: _____ **State/ZIP:** _____ **Position:** _____

Cell Phone*: _____ **Birth Year:** _____ **Hire Date:** _____ **Subject:** _____

* By providing my cell phone number, I understand that the National Education Association and its affiliates, including NEA-New Hampshire, the local association, NEA Member Benefits, and NEA360, may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Race/Ethnicity:

- Native American/Alaska Native
 Asian
 Black or African-American
 Middle Eastern or North African
 Other
 Latin/o/a/x, Hispanic, or Chican/o/a/x
 White (not Hispanic)
 Native Hawaiian/Pacific Islander
 Multiracial

Gender:

- Female
 Gender Expansive/ Non-Conforming
 Male

Support Elected Officials Who Support Public Education

YES! I WANT TO HELP ADVANCE POLICIES THAT POSITIVELY IMPACT EDUCATORS, STUDENTS, AND PUBLIC EDUCATION.

I hereby authorize payment of the contributions, in the amount and through the payment method selected above, to the New Hampshire Education Political Action (APPLE CORPS FUND) and the NEA Fund for Children and Public Education (NEA FUND).

The APPLE CORPS FUND and the NEA FUND collect contributions from Association members for political work. This includes, but is not limited to, making contributions to (and expenditures on behalf of) friends of public education who are candidates for office. Only U.S. citizens or lawful permanent residents may contribute to the APPLE CORPS FUND and the NEA FUND. Contributions to the Funds are voluntary. Making a contribution is neither a condition of employment nor membership in the NEA, NEA-NH, or local association, and members have the right to refuse to contribute without suffering any reprisal. Although the APPLE CORPS FUND requests an annual contribution of \$25, and the NEA FUND requests an annual contribution of \$15, these are only suggestions. A member may contribute more or less than the suggested amounts, or may contribute nothing at all, without it affecting their membership status, rights, or benefits in NEA or any of its affiliates.

Contributions to the APPLE CORPS FUND and the NEA FUND are not deductible as charitable contributions for federal income tax purposes. Federal law requires the NEA FUND to use best efforts to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

SIGNATURE: _____ **DATE:** _____

Bank Account (EFT) or Credit/Debit Card Authorization



Step 1: Agree to Pay

I agree to pay annual dues and any PAC contribution I have authorized through:

- EASYPAY (EFT)—ONE ANNUAL PAYMENT EASYPAY (EFT)—INSTALLMENT PAYMENTS
 CREDIT/DEBIT CARD—ONE ANNUAL PAYMENT

Step 2: Choose One Enrollment Method

- I agree to enroll online when I receive my membership identification number via email from NEA-New Hampshire.
 I authorize NEA-New Hampshire to enroll on my behalf using the information provided below. *I understand that I must choose one annual payment OR local deduction schedule.*

→ **SIGNATURE:** _____ **DATE:** _____

| Payment Amount | |
|--|-------------------------|
| Annual Amount | \$ <input type="text"/> |
| Installment Payments Number of Installment Payments: <input type="text"/> | \$ <input type="text"/> |

I authorize NEA-New Hampshire or its designated local to charge my credit/debit card or checking/savings account, as provided below, for annual dues and for any authorized PAC contribution. I further authorize those payments to be made through the initial membership year ending August 31 and recurring annually thereafter. If I chose above to pay in installments through EasyPay (EFT), payments will be withdrawn from my account on or around the ___ day of each month, beginning _____ in the amounts set forth below. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$1.00, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA, NEA-New Hampshire, or my local association change the amount of annual dues, NEA-New Hampshire or my local will notify me in writing not less than 10 days before processing any changes. The total amount of my APPLE CORPS FUND and NEA FUND contributions, if any, shall remain fixed unless I notify NEA-New Hampshire of any adjustments to future contribution amounts in writing sent to NEA-New Hampshire, 9 S. Spring St., Concord, NH 03301. Following either notice, I authorize NEA-New Hampshire or my local to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to NEA-New Hampshire, 9 S. Spring St., Concord, NH 03301, and include my name, address, employer, and membership number. I understand that termination of this authorization will take effect 7 days after receipt. I further understand that termination of this authorization, or the rejection of any charge or debit, shall not constitute the termination of my membership or dues obligation.

Step 3: Enter Payment Information

BANK ACCOUNT (EFT)

Account Type: Checking Savings **Name on Account:** _____

Billing Address: _____ **Name of Bank:** _____

9-Digit Bank Routing Number: _____ **Account Number:** _____

CREDIT/DEBIT CARD: ONE ANNUAL PAYMENT

Name on Account: _____

Billing Address: _____

Card Number: _____ **Exp. (M/Y):** _____ **CVV:** _____