



2025 - 2026 Early Enrollment Membership Program

Once again, NEA-New Hampshire is participating in the NEA Early Enrollment Membership Program. This program provides your local the opportunity to grow your membership and provides potential members the experience of being part of your local association.

Program Details

Potential members join as an Early Enrollee between April 15, 2025, and August 15, 2025 at no cost.

The Early Enrollee pledges to begin paying dues after September 1, 2025, for the 2025-2026 membership year.

- **Who is Eligible for the program?**

All educators and education employees that have not previously participated in this program.

- **What does the Early Enrollee receive?**

Prior to August 31, 2025, the Early Enrollee will receive:

- Access to NEA-NH Professional Development offerings at very affordable rates.
- \$1 Million NEA Educators Employment Liability Insurance coverage.
- Discounts and access to select NEA Member Benefits: <https://www.neamb.com/earlyenrollee>
- Association communications featuring educational and member-related news.
- Code of Conduct representation.

On September 1, 2025, the Early Enrollee will receive these additional benefits:

- Two free 30-minute legal consultations per year for personal matters.
- Exclusive access to the "Members Only" section of the NEA-New Hampshire website.
- Opportunity to hold local/state leadership positions.
- Full access to NEA-New Hampshire staff for employment related matters.
- Discounts and access to full NEA Member Benefits: <https://www.neamb.com/>

- **How does the Early Enrollee sign up?**

- **Enroll online through Join Now** – New members sign up at: <https://join.nea.org/new-hampshire/>. The 2025-2026 Early Enrollment Membership Program pledge commitment language is included in the online enrollment process. There is no need for any additional forms.
- **Enroll by paper form** - New members complete the 2025-2026 NEA-New Hampshire Early Enrollment Membership Program Form AND the 2025-2026 Early Enrollment Pledge Commitment Form. Both Forms must be completed in full and submitted together.

If you have any questions, please contact your UniServ Assistant.

Together. A Stronger Voice.



EARLY ENROLLMENT FORM 2025

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	SELECT A PAYMENT METHOD	
			Payment Method	Description
NEA Dues		\$		
NEA-NH Dues		\$		
Local Dues		\$		
Total Dues		\$		
NEA-NH Fund (Apple Corps Fund, suggested contribution \$25)		\$		
NEA Fund (FCPE) (suggested contribution \$15)		\$		
Total Amount (including dues and contributions)		\$		

Payment Method	✓	Description
Payroll Deduction		Dues deducted from your paycheck. (Please check with the SAU Office to be sure the correct dues amount is being deducted.)
EasyPay (EFT)		Must complete NEA-New Hampshire Bank Account (EFT) or credit/debit card authorization.
Credit Card		
Check		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:

Personal Email:

Home Address:

City:

State/ZIP:

Employer:

Birth Year:

Cell Phone*:

Home Phone:

Local Association Name:

(No abbreviations)

Position:

Building Name:

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:

Gender:

Native American/Alaska Native

Asian

Black or African-American

Multiracial

Female

Male

Latin/o/a/x, Hispanic, or Chican/o/a/x

White (not Hispanic)

Native Hawaiian/Pacific Islander

Other

Gender Expansive/Non-Conforming

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:

NEA-New Hampshire
2025-2026
Early Enrollment Membership Program

Pledge Commitment Form As a participant in my Local Association/NEA-New Hampshire/
National Education Association Early Enrollment Membership Incentive Plan, I am eligible to
receive – prior to September 1, 2025, but in no event before April 15, 2025– 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 2025-2026 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, 2025.

Name (Printed)	Local Association
Home Address	
Primary Phone (cell/home) circle one	Home Email
Signature	Date

Questions?
Please contact your local association representative.

PLEASE COMPLETE BOTH:

Pledge Commitment Form
AND
NEA-New Hampshire Early Enrollment Membership Program Form

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.*

Step 3: Enter Payment Information

CREDIT/DEBIT CARD: ONE ANNUAL PAYMENT

Name on Account:

Billing Address:

Card Number:

Exp. (M/Y):

CVV:

BANK ACCOUNT (EFT)

Account Type: Checking Savings Name on Account:

Billing Address:

Name of Bank:

9-Digit Bank Routing Number:

Account Number:

I authorize NEA-New Hampshire or its designated local to charge my credit/debit card or checking/savings account, as provided above, 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 COPRPS 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, 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.

→ SIGNATURE:

DATE:

Payment Amount	
Annual Amount	\$
Installment Payments Number of Installment Payments:	\$