



# 2024-2025 Active Professional / ESP Enrollment Form



Full Name \_\_\_\_\_ SSN (last four) \_\_\_\_\_  
first middle last Maiden name (if applicable)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Email Address \_\_\_\_\_ Work Email Address \_\_\_\_\_

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

**Ethnicity** (This information is optional and kept confidential)

**Date of Birth** \_\_\_\_\_

- American Indian/Alaska Native  Asian  Black
- Caucasian  Hispanic  Multi-Ethnic  Other
- Native Hawaiian/Pacific Islander  Unknown

- Gender**
- Female  Male  Gender Expansive/Non-Conforming
  - Transgender Female  Transgender Male  Other

Local Association \_\_\_\_\_ USD \_\_\_\_\_

School Building \_\_\_\_\_

Position \_\_\_\_\_ Subject \_\_\_\_\_

**Is this your first year of teaching?**  Yes  No **Were you an Aspiring Educator member last year?**  Yes  No  
**Are you a retired educator who has chosen to return to work?**  Yes  No

**MEMBERSHIP COMMITMENT: YES!**

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

**ANNUAL PAYMENT AUTHORIZATION: YES!**

I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues established by these 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 these associations through payroll deduction or the payment method selected below unless I revoke this authorization in a signed writing sent to United Teachers of Wichita; 150 S Ida; Wichita, KS 67211 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 cancelled.

**BANK ACCOUNT (EFT)**  
(must complete separate form: Bank Account (EFT))

**PAYROLL**

**CASH OR CHECK**  
(requires full payment of annual dues)

**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.

# Bank Account (EFT) Authorization



I agree to pay annual dues I have authorized through the following bank account (EFT). Prior to any withdrawal of dues from the following account, you will be notified in writing of the amount of the monthly withdrawal and the date that such withdrawal will commence.

**BANK ACCOUNT EFT)**

(Account Type:  Checking  Savings)

Name on Account: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

9-Digit Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

## 2024 / 2025 Dues

UTW/AFT/KNEA/NEA  
Active Professional Dues  
(Circle one)

	Full-Time		1/2 Time
KNEA	\$212.16	KNEA	\$106.08
NEA	\$119.88	NEA	\$ 60.00
AFT Ntl	\$119.88	AFT Ntl	\$ 60.00
AFT KS	\$212.16	AFT KS	\$106.08
Local	\$137.52	Local	\$ 68.88
Total	\$801.60	Total	\$ 401.04

### Monthly Dues Amount

Full Time	Half Time
\$66.80	\$33.42

I authorize the Kansas National Education Association or its designated local to charge my checking account as provided above, for annual dues. I further authorize those payments to be made through the initial membership year ending August 31, 2025, and recurring annually thereafter, payable in monthly installments. I understand that the final installment amount for the membership year may include a residual amount not to exceed \$.10. representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA or its affiliates change the amount of annual dues, the Kansas National Education Association of local will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary.

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 the United Teachers of Wichita at 150 S Ida; Wichita, Kansas 67211 and include my name, address, employer, and membership number. I 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: \_\_\_\_\_