



**UNITED TEACHERS OF WICHITA**  
 150 S Ida St, Wichita, Kansas 67211-1504  
**2016-2017**



**Active Professional Membership Form**

All fields must be completed in order for membership to be activated.

Name \_\_\_\_\_  
 First Middle Last Maiden (if applicable)

SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Personal Email Address \_\_\_\_\_

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

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

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

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Local Association UTW Employer USD 259

Work Location \_\_\_\_\_

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

Select Membership Type

<input type="checkbox"/> Full Time (position count 0.61 or more)	<input type="checkbox"/> Half Time (position count 0.60 or less)
NEA/AFT \$19.02	NEA/AFT \$ 9.50
KNEA/AFT-KS \$32.10	KNEA/AFT-KS \$16.06
UTW/LABOR FED \$ 8.92	UTW/LABOR FED \$ 4.46
TOTAL \$60.04 Mthly	TOTAL \$30.02 Mthly

Is 2016-17 your first year of teaching?  Yes  No  
 To the best of your knowledge, have you been a member of an NEA affiliate previously?  Yes  No  
 Were you a student member last year?  Yes  No If so, how many years? \_\_\_\_\_ University? \_\_\_\_\_  
 Are you a retired educator who has chosen to return to work?  Yes  No

**Choose payment method**

- Payroll Deduction  Easy Pay (ACH/EFT=Checking Account)  
 Cash/Check (This option requires full annual dues payment)

**If you choose Easy Pay –**  
 Please complete the Easy Pay form on the reverse side.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

Membership in NEA, KNEA and the local association is required. If paying by payroll deduction, I hereby authorize the Board of Education to deduct from my salary my professional dues and assessments, as these sums are established or suggested annually to the local NEA-affiliated teachers association as indicated and to forward such amounts to that local association. This authorization is to continue in force unless revoked by me for a succeeding membership year by giving written notice to that effect to my local association before August 01. I understand that if my employment is terminated prior to the deduction of the amounts authorized herein, the unpaid portion of dues, assessments will be collected to maintain membership in good standing.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

After completing this application, the original signed copy should be sent to United Teachers of Wichita.

KNEA Use Only: Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Initials \_\_\_\_\_

# Easy Pay

(ACH/EFT)

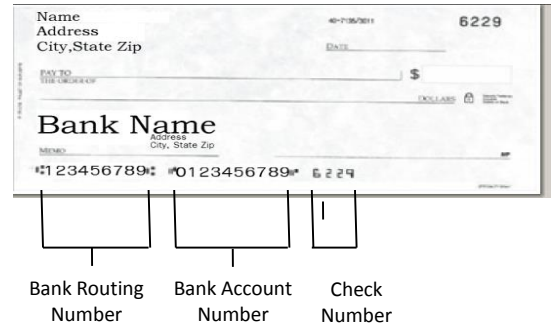


Membership Year: 2016-2017

Local: United Teachers of Wichita School ID # \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Location Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Address: (HOME) \_\_\_\_\_ Home Email: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_ Other Email: \_\_\_\_\_

**Authorization form to be filled out and submitted 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.**



### Projected 2016-2017 Dues

**FULL TIME** – (position Count 0.61 or more)  
 NEA/AFT \$19.02; KNEA/AFT-KS \$32.10; UTW/Labor Fed \$8.92 Total Monthly Dues **\$60.04**

**HALF TIME** – (position Count 0.60 or less)  
 NEA/AFT \$9.50; KNEA/AFT-KS \$16.06; UTW/Labor Fed \$4.46 Total Monthly Dues **\$30.02**

If you qualify for a discount, your dues will be adjusted accordingly. You will be notified of the change.

### Electronic Funds Transfer – Bank Draft Authorization

Bank Name:																
Bank Routing Number (9 digit)																
Bank Account Number:																

**FORM MUST BE SIGNED!**  
**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>For Office Use Only</b>	<b>Date and initial</b>
Payment Plan Schedule: Recurring Debit every month starting _____, _____, _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
Entered payment method/	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <p style="margin-top: 10px;"><b>Completed:</b> date and initial</p> <p>_____</p>
Membership category on individual record in IMS .....	
Entered ACH authorization info in Edues/IMS .....	
Secured paperwork/transmitted to KNEA .....	