



UNITED TEACHERS OF WICHITA
 150 S Ida St, Wichita, Kansas 67211-1504
2017-2018
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 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 \$19.28	NEA/AFT \$ 9.64
KNEA/AFT-KS \$32.44	KNEA/AFT-KS \$16.22
UTW/LABOR FED \$ 8.92	UTW/LABOR FED \$ 4.46
TOTAL \$60.64 Mthly	TOTAL \$30.32 Mthly

Is 2017-18 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 July 31. 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; a scan or photocopy should be kept for personal records.

KNEA Use Only: Date Received _____ Date Processed _____ Initials _____

Easy Pay

(ACH/EFT)

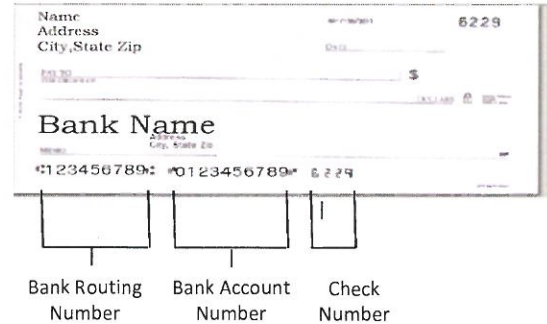


Membership Year: 2017-2018

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 2017-2018 Dues

FULL TIME – (position Count 0.61 or more)
 NEA/AFT \$19.28; KNEA/AFT-KS \$32.44; UTW/Labor Fed \$8.92 Total Monthly Dues **\$60.64**

HALF TIME – (position Count 0.60 or less)
 NEA/AFT \$9.64; KNEA/AFT-KS \$16.22; UTW/Labor Fed \$4.46 Total Monthly Dues **\$30.32**

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: _____

For Office Use Only	Date and initial
Payment Plan Schedule: Recurring Debit every month starting _____ / _____ / _____ <small>Month Day Year</small>	
Entered payment method/ Membership category on individual record in IMS	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
Entered ACH authorization info in Edues/IMS	
Secured paperwork/transmitted to KNEA	
	Completed: date and initial _____