



UNITED TEACHERS OF WICHITA
150 S Ida St, Wichita, Kansas 67211-1504
2020-2021



Active Professional Membership Form

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

Name _____
First Middle Last Maiden (if applicable)

SSN (last four) _____

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 \$20.06	NEA/AFT \$ 10.02
KNEA/AFT-KS \$34.08	KNEA/AFT-KS \$17.04
UTW/LABOR FED \$11.46	UTW/LABOR FED \$ 5.74
TOTAL \$65.60 Mthly	TOTAL \$32.80 Mthly

Is 2020-21 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.**

Membership Commitment and Annual Payment Authorizaion: I hereby request and voluntarily accept membership in the National Education Association, Kansas National Education Association, AFT National Education Association, AFT Kansas National Association and the local education association and agree to abide by the Constitution and Bylaws of all five associations. In consideration for services provided by these associations, I hereby agree to pay the annual dues, fees and assessments established by these associations. I understand that those annual dues are subject to periodic change. If paying such dues and assessments by payroll deduction, I authorize the Board of Education to deduct such amounts from my salary. The payment of those annual amounts shall continue, regardless of membership status, unless I revoke this authorization in a signed writing provided to the local association between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled. I understand that this agreement is voluntary and not a condition of employment. I have the legal right to refuse membership without suffering any reprisal.

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)

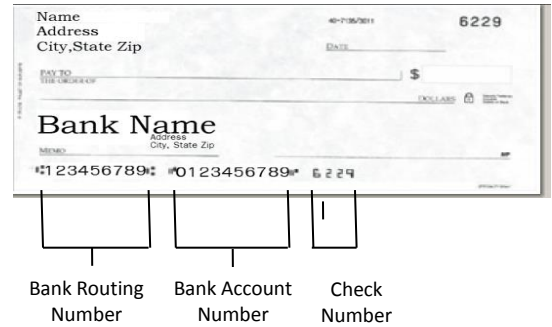


Membership Year: 2020-2021

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 2020-2021 Dues

FULL TIME – (position Count 0.61 or more)
 NEA/AFT \$20.06; KNEA/AFT-KS \$34.08; UTW/Labor Fed \$11.46 Total Monthly Dues **\$65.60**

HALF TIME – (position Count 0.60 or less)
 NEA/AFT \$10.02; KNEA/AFT-KS \$17.04; UTW/Labor Fed \$5.74 Total Monthly Dues **\$32.80**

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: _____

Prior to withdrawal of dues from the account listed above, written notification of the monthly withdrawal amount and the initial date of such withdrawal will be provided.

For Office Use Only	Date and initial
Payment Plan Schedule: Recurring Debit every month starting _____	_____
	Month Day Year
Entered payment method/	Completed: date and initial _____
Membership category on individual record in IMS	
Entered ACH authorization info in Edues/IMS	
Secured paperwork/transmitted to KNEA	