



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

2021-2022

Active Professional Membership Form



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

Name _____
 First Middle Last Maiden (if applicable)

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 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Multi-Ethnic Other Unknown

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

Date of Birth _____ 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 \$239.76 \$19.98 mthly	NEA/AFT \$119.88 \$9.99 mthly
KNEA/AFT-KS \$413.04 \$34.42 mthly	KNEA/AFT-KS \$206.52 \$17.21 mthly
UTW/LABOR FED \$137.52 \$11.46 mthly	UTW/LABOR FED \$68.76 \$ 5.73 mthly
TOTAL \$790.32 \$65.86 Mthly	TOTAL \$395.16 \$32.93 Mthly

Is 2021-22 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 Cash/Check (This option requires full annual dues payment) Easy Pay (ACH/EFT=Checking Account)

If you choose Easy Pay – Please complete the bank information below and attach a voided check.

Full Name of Bank _____

Routing Number _____

Account Number _____

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

Membership Commitment and Annual Payment Authorizaiton: 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 Sept. 1-Aug. 31 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 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 _____