



2025-2026 Active Professional / ESP Early Enrollment



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)

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

Date of Birth _____

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 (Auto Pay)

(must complete separate form: Bank Account (Auto Pay))

CASH OR CHECK

(To use this option, full annual dues must be remitted with this application. Membership will NOT be active without full payment.)

EARLY ENROLLMENT PLEDGE: YES!

As a participant in the local association, Kansas National Education Association, and National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive-prior to September 1, 2026, but in no event before April 1, 2025-benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits Programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2025-2026 membership year, regardless of my membership status, and that if I fail to pay those amounts, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate and I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2025.

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: _____ Name of Bank: _____

9-Digit Bank Routing Number: _____ Account Number: _____

Proposed 2025 / 2026 Dues

UTW/AFT/KNEA/NEA

Annual Active Professional Dues

(Circle one)

Full-Time		½ 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/savings account as provided above, for annual dues. I further authorize those payments to be made through the initial membership year ending August 31, 2026, 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 will take effect 7 days after receipt by the local association. I further understand that the 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: _____