

Name: _____ Gender: _____
First M.I. Last

Last Four Digits of Social Security #: _____ Ethnicity*: _____ Date of Birth: ____/____/____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Home Email Address: _____ Local Association Name: _____

Building Name: _____ Date of Hire: ____/____/____

Position: _____ Subject: _____

By providing my phone number, I understand that the National Education Association, NEA Member Benefits and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. Neither the National Education Association nor any of its affiliates charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages. Text HELP to 84693 or go to nea.org/terms for more information.

Yes — I want to join my colleagues by becoming a member of the _____ (Local Association Name), the National Education Association-New Hampshire, and the National Education Association. I hereby request and voluntarily accept membership in these associations, and agree to abide by the Constitution and Bylaws of all three associations.

Member Signature: _____ Date: ____/____/____

Category	Membership Type Code	Annual Amount
NEA		
NEA-NH		
Local Dues		
NEA Fund (NEA) (suggested \$15) ***		
Apple Corps Fund (NEA-NH) (suggested \$25) ***		
Total Annual Dues Obligation		

Payment Authorization Form Must Be Completed and Accompany Membership Form		
Payment	<input checked="" type="checkbox"/>	Method
(EasyPay) EFT	<input type="checkbox"/>	Dues will be deducted from your bank account after signing up on the NEA-NH website or by filling out an EFT Authorization form.*
Check	<input type="checkbox"/>	Dues paid in full upon enrollment.
MC/VISA	<input type="checkbox"/>	Dues will be paid only by signing up on the NEA-NH website or by filling out a Credit Card Authorization form.
Payroll Deduction	<input type="checkbox"/>	Dues deducted from your paycheck. Please check with the SAU Office to be sure the correct dues amount is being deducted.

*** NEA FUND and APPLE CORPS FUND - The National Education Association Fund for Children and Public Education (NEA FUND) and the New Hampshire Education Political Action (APPLE CORPS FUND) collect voluntary contributions from Association members and use these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to the NEA FUND and the APPLE CORPS FUND. Contributions to the NEA FUND and APPLE CORP FUND are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA FUND requests an annual contribution of \$15 and the APPLE CORPS FUND requests an annual contribution of \$25, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates.

*** Contributions or gifts to the NEA FUND and the APPLE CORPS FUND are not deductible as charitable contributions for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

*** Federal law prohibits the NEA FUND from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

Dues payments are not deductible as charitable contributions for federal income tax purposes.

*By signing this form, you give us permission to deduct from your bank account the amount indicated on this form and does not provide authorization for any additional unrelated charges or credits to your account.

By signing this enrollment form, I understand and agree: (1) membership is unified with the NEA, NEA-NH and the local association listed above and I agree to the governing documents of each association; (2) membership is annual beginning September 1 and automatically renews annually thereafter, unless I revoke this authorization in writing in accordance with NEA-NH policy; (3) membership dues may change from year to year; (4) dues may be paid monthly, however, the financial obligation for membership is an annual fee and any early cancellation may result in a dues obligation for the remaining portion of the year of membership.

Member Signature: _____ Date: ____/____/____

Local Association Representative Signature: _____ Date: ____/____/____