



*KEA unites, organizes, and empowers members to advocate for themselves and to ensure a quality public education for every Kentucky student.*

**Step 1: Join!** There is power in numbers! Join today to help your colleagues protect and support public schools, students, and educators.

### MEMBERSHIP COMMITMENT: YES!

I want to join my fellow educators and become a member of the local association, the Kentucky Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations, and agree to abide by their Constitutions and Bylaws.

### ANNUAL PAYMENT AUTHORIZATION: YES!

I hereby agree to pay the annual (Sept. 1 to Aug. 31) dues, fees, and assessments established by the local, state, and national associations in consideration for the services the union provides. I understand that these annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and without further written approval from me, the payment of those annual amounts through the method selected in Step 4, below, unless I revoke this authorization in writing sent to KEA, 401 Capital Avenue, Frankfort, KY 40601 via U.S. mail or via email to [finance@kea.org](mailto:finance@kea.org).

## 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.

<b>First Name:</b>	<b>Middle Name or Initial:</b>	<b>Last Name:</b>	
<b>Address:</b>	<b>City:</b>	<b>State/Zip:</b>	
<b>Employer:</b>	<b>Hire Date:</b>	<b>Work Site:</b>	<b>Position:</b>
<b>Last 4 SSN:</b>	<b>Year of birth:</b>	<b>Cell Phone*:</b>	
<b>Personal Email:</b>	<b>Work Email:</b>		
<b>Transferred Membership from:</b>	<b>Recruited by:</b>		

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<b>Ethnicity:</b>	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Caucasian ( <i>not Hispanic origin</i> )	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Other
<b>Gender:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> I identify as					

\*By providing my phone number, I understand that the National Education Association and its affiliates, including the Kentucky Education Association, the local association, NEA Member Benefits, and NEA360, may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Kentucky Education Association, and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

## Step 2: 2021-22 Dues Information

The dues amount detailed to the right includes an annual contribution to the Kentucky Educators' Political Action Committee (KEPAC). For 2021-22, the included contribution amount is \$30 annually for certified members and \$15 annually for ESP members. If you do not want to contribute to KEPAC, check here:

KEPAC collects voluntary contributions from Association members and uses those 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 public office. Only U.S. citizens or lawful permanent residents may contribute to KEPAC. Contributions to KEPAC are voluntary; making a contribution is neither a condition of employment nor membership in KEA or the local association, and members have the right to refuse to contribute without suffering any reprisal. Although KEPAC requests donations in the amounts listed above, these are only suggestions. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without affecting their membership status, rights, or benefits in KEA or any of its affiliates.

Neither contributions to KEPAC nor dues payments are deductible as charitable contributions for state or federal income tax purposes.

*Please complete.*

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### Step 3: Support elected officials who support public education.

By contributing to the NEA Fund, you help advance policies impacting our students, our members, and public education.

The NEA Fund for Children and Public Education (the NEA Fund) collects voluntary contributions from Association members and uses those 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 public office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to the NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the NEA, KEA or the local association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA Fund requests a donation in the amounts listed below, these are only suggestions. A member may contribute more or less than the suggested amounts, or may contribute nothing at all, without affecting their membership status rights or benefits in NEA or any of its affiliates. Federal law requires the NEA Fund to use best efforts to report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 per calendar year.

**YES! I hereby authorize the following contribution to the NEA Fund for Children and Public Education to build a strong voice for educators.**

**I want to donate:**        \$10            \$5            \$1            \$            per pay period

**SIGNATURE:**

**DATE:**

Neither contributions to the NEA Fund nor dues payments are deductible as charitable contributions for state or federal income tax purposes.

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### Step 4: Payment Information

**Payroll Deduction:** By my signature at the bottom of this form, I specifically authorize my employer to deduct from my wages each pay period a pro-rata amount equal to the "TOTAL" shown in Step 2 above divided by the annual number of pay periods in my district, and to remit to KEA the appropriate amount each pay period beginning with the first full pay period that occurs after the date I sign this form. I understand that the total amount reflected on this form may increase in subsequent years, and I specifically authorize my employer to withhold the appropriate amount, including all increases, as reported to them by KEA each year without subsequent written authorization from me.

**Credit/Debit Card:** KEA will send an email providing you a link you must use to set up credit card/debit card monthly payments.

**Electronic Funds Transfer (EFT):** EFT is a method that allows you to pay dues through direct debit from your bank account. If you select EFT, KEA will send you an email providing the link you must use to set up EFT payments on a schedule of your choice. The amount of each EFT payment will depend upon the frequency of payments that you select.

**Cash/Check:** KEA will send an invoice. Cash pay members must make regular payments and must be paid in full by **March 15** of the membership year.

I hereby promise to pay or authorize my employer to deduct from my salary all dues (local association, KEA and NEA) and political contributions (KEPAC, NEA Fund) as reflected by my choices above. I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination delivered to the association, or; 2) the termination of my eligibility to maintain membership in the Association. I understand that the total amount reflected on this form may increase in subsequent years, and I specifically authorize my employer to withhold the appropriate amount, including all increases, as reported to them by KEA each year without subsequent written authorization from me. I have read and understand the information concerning voluntary contributions to KEPAC and the NEA Fund. I have voluntarily exercised all options reflected on this form.

**SIGNATURE:**

**DATE:**