



3511 E. Harmon Avenue
Las Vegas, NV 89121
702-733-7330



FOR NSEA OFFICE USE ONLY		
Date	Routing	Initials
_____	Received @ NSEA office	_____
_____	Entered to I&A files	_____
_____	Copy forwarded to payroll	_____
_____	Payment method copied	_____
_____	Copy mailed to local president	_____

NEVADA STATE EDUCATION ASSOCIATION—RETIRED
NATIONAL EDUCATION ASSOCIATION—RETIRED

Membership Enrollment Form

TO BE COMPLETED BY APPLICANT

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS			SOCIAL SECURITY NO.	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	
ASSOCIATION <input type="checkbox"/> Clark Retired <input type="checkbox"/> UniServ Council of Nevada Retired <input type="checkbox"/> Washoe Retired			HOME PHONE	FAX NUMBER

The following information is optional and failure to answer it will in no way affect your membership status, rights or benefits in NEA, NSEA, or your local association.

SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	REGISTERED VOTER: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, party affiliation: <input type="checkbox"/> Democrat <input type="checkbox"/> Independent <input type="checkbox"/> Republican <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Other _____	ETHNIC CODE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other _____	METHOD OF PAYMENT: <input type="checkbox"/> Payment Plan <input type="checkbox"/> Payroll Deduction* <input type="checkbox"/> Cash/Check CURRENT STATUS: <table border="0"> <tr> <td></td> <td style="text-align: right;">Code</td> </tr> <tr> <td><input type="checkbox"/> Retired/Lifetime</td> <td style="text-align: right;">7</td> </tr> <tr> <td><input type="checkbox"/> Retired/Annual</td> <td style="text-align: right;">8</td> </tr> <tr> <td><input type="checkbox"/> Pre-Retired Subscriber</td> <td style="text-align: right;">9</td> </tr> </table>		Code	<input type="checkbox"/> Retired/Lifetime	7	<input type="checkbox"/> Retired/Annual	8	<input type="checkbox"/> Pre-Retired Subscriber	9
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NEVADA STATE EDUCATION ASSOCIATION-RETIRED & NATIONAL EDUCATION ASSOCIATION-RETIRED
*PRE-RETIRED SUBSCRIBER AGREEMENT
PAYROLL DEDUCTION AUTHORIZATION

I authorize payroll deduction of \$_____ per paycheck for a period of _____ payments.

My signature authorizes my employer to deduct from my salary and pay to my local association the pre-retirement dues in the amounts indicated above for this membership contract. I understand that I am obligated to pay the entire amount of the dues specified even though they are being deducted on a monthly basis to provide an easier method of payment. I understand that if I resign my membership in the local affiliate or in the event of termination, resignation, or retirement from employment, I am still obligated to pay the balance of this membership contract in full and such payments will be deducted from my payroll check(s).

(ONLY WEA/WESP members have access to payroll deduction)

Unification Clause: Members of NSEA-Retired shall also be a member of NEA-Retired and the local retired chapter, if one exists.

MEMBER'S SIGNATURE _____

DATE _____

ASSOCIATION AGENT _____

DATE _____

WHITE: NEA

YELLOW: NSEA-R

PINK: NSEA

GOLDENROD: MEMBER





BANK DRAFT – AUTOMATIC AUTHORIZATION

SECTION I. Monthly Withdrawals From Checking or Savings Account

Check ONE: Initial Authorization Discontinue Change

First Name	MI	Last Name
Street	City	State
Date of Birth		Day Phone

SECTION II – YOUR BANK ACCOUNT INFORMATION

- A. Type of Account (Check ONE) Checking Savings
- B. Bank Account Number _____
- C. Name(s) on Bank Account _____
- D. Financial Institution _____
- E. ABA Routing Number (9 digits) _____
Obtain from bank or financial institution

RETURN THIS FORM WITH A VOIDED CHECK OR COPY OF A VOIDED CHECK

SECTION III – DIRECT DEBIT FROM YOUR ACCOUNT

- One-year option:**
Amount of Monthly Deduction \$ _____ (\$43.33 minimum) (NEA, NSEA, and local)
 - Two-year option:** (Please note if the 2-year option is selected, the NEA dues portion will need to be paid within the first year).
Amount of Monthly Deduction \$ _____ (\$25.00 minimum) (NEA portion due first year)
Amount of Monthly Deduction \$ _____ (\$18.33 minimum) (NSEA and local portion, due second year)
- Local:** **CREA** (Clark County) **UCN-R** (Rural Counties) **WREA** (Washoe County)

Once effective, funds will be drafted on the 1st day of each month (or, if the 1st day is not a business day, the first business day thereafter), and such funds will be deducted from my account within seven days. This authorization will remain in effect until NSEA receives notice to terminate or revise it. NSEA and the financial institution reserve the right to terminate this service at any time.

It is the member’s responsibility to notify NSEA of changes in financial institution information. Changes may be made by providing NSEA with a new Bank Draft–Automatic Authorization form revising the original instructions. The member will allow NSEA a reasonable amount of time for initiating, revising, or terminating the bank draft and will be responsible for any overdraft or insufficient fund fees.

By signing this form, I/we hereby authorize NSEA to make automatic withdrawals of funds on the 1st day of each month from the account listed above in the amount stated. These funds are to be used for lifetime retired membership dues. I acknowledge that if I decide to terminate my membership any fees collected will not be refundable.

Signature: _____ Date: _____ Phone: _____

Signature, if Joint Account: _____ Date: _____

Mail to: NSEA, Attn: Finance Dept., 3511 E. Harmon Avenue, Las Vegas, NV 89121 or fax to 702-733-6004

WHITE: NSEA **YELLOW:** Membership

