

2024-2025 EE MEMBERSHIP FORM - PLEASE PRINT CLEARLY

First Name* Middle Name Last Name* Preferred Name or Nickname

Street Address/Apartment Number* City* State* Zip Code*

Date of birth* Last 4 of SSN* Employee ID # Job Title* Subject/Grade Level

School District (Spell Out)* Work Location (Spell Out)* Date of Hire First Year in Public Ed

Cell Phone* Home Phone Email (Personal)* Email (Work)*

Gender Male Female Non-binary Pronouns/self-describe:

**Ethnicity (optional) American Indian/Alaska Native Asian Black/African American Hispanic Native Hawaiian/Pacific Islander
 Multi-Ethnic White Other Unknown

*** Ethnic Minority information is used in the allocation of delegates and leadership in accordance with the NCAE Constitution and Bylaws and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, SEA or any of their affiliates. This information will be kept confidential. Membership enrollment shall continue each year unless I notify NCAE in writing to cancel.*

** By providing my contact information, I understand that NEA, NCAE, the local association, NEA Member Benefits, and NEA360 may use automated contact techniques and/or message me on a periodic basis. Carrier message and data rates may apply to such alerts.*



All memberships are annual and enrollment shall continue each year unless I notify NCAE in writing to cancel.

MEMBERSHIP CATEGORIES AND ANNUAL DUES AMOUNT (SELECT THE APPROPRIATE JOB CLASSIFICATION)*

SELECT YOUR JOB CLASSIFICATION*	EFT/RCC 10x/year	PR 9x/year	Annual Total
<input type="checkbox"/> Certified Instructional Full Time: (Ex: Teacher, Coach, Instr. Specialist, etc.)	\$57.50	\$63.89	\$575.00
<input type="checkbox"/> Certified Instructional Part Time:	\$30.15	\$33.50	\$301.50
<input type="checkbox"/> Certified Student Services Full Time: (Ex: Counselor, Nurse, Media Specialist, etc.)	\$58.00	\$64.45	\$580.00
<input type="checkbox"/> Certified Student Services Part Time:	\$30.65	\$34.06	\$306.50
<input type="checkbox"/> Classified Full Time:	\$31.50	\$35.00	\$315.00
<input type="checkbox"/> Classified Part Time:	\$17.43	\$19.37	\$174.25

SELECT YOUR JOB CLASSIFICATION*	EFT/RCC 10x/year	PR 9x/year	Annual Total
<input type="checkbox"/> Administrator Full Time:	\$60.50	\$67.23	\$605.00
<input type="checkbox"/> Administrator Part Time:	\$33.15	\$36.84	\$331.50
<input type="checkbox"/> Reserve Certified:	\$25.35	N/A	\$253.50
<input type="checkbox"/> Reserve Classified:	\$13.13	N/A	\$131.25
<input type="checkbox"/> Substitute: (only for on-call/daily sub)	\$9.93	N/A	\$99.25

T-shirt Size: _____

METHOD OF PAYMENT: Dues payments are not deductible as charitable contributions for federal tax purposes.

FOR 2024-2025 EARLY ENROLLMENT ONLY - LEGAL ASSISTANCE IS AVAILABLE SEPTEMBER 1, 2024 FOR ISSUES THAT ARISE AFTER THAT DATE

SELECT ONE METHOD OF PAYMENT BELOW*

1. BANK DRAFT (EFT) (complete the following or attach a voided check)
 E-Dues: Name of Bank
 9-Digit Routing Number Full Checking Account Number
DEDUCTION DATE: *(E-DUES ONLY select one date) - **10 monthly payments**
 2ND 16TH 20TH 25TH
 OR Pay as a full annual one-time payment

2. RECURRING CREDIT/DEBIT CARD (RCC)
 Type of Card Card Number
 Expiration Date **DEDUCTION DATE:** 2nd of the month - **10 monthly payments**
 OR Pay as a full annual one-time payment

3. PAYROLL DEDUCTION (PR)
 Deduction date varies by school district - **9 monthly payments**

4. CHECK (CK)
 Invoices sent monthly to your home address

As a participant in the North Carolina Association of Educators/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive-prior to September 1, 2024, but in no event before April 1, 2024-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 2024-2025 membership year in accordance with established payment procedures. I understand my obligation to pay annual dues continues, 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. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2024. I hereby agree to pay the annual dues, fees and assessments established by the three associations in consideration for the services provided. I understand that those annual amounts are subject to periodic change by the governing bodies of the association.

I authorize NCAE/NEA (for payroll deduction, my employer) on a continuing basis, and regardless of my membership status, to pay those amounts through payroll deductions, or by E-DUES, recurring credit or debit card payments, checking or savings account, or check, as selected herein. I may revoke this authorization, in writing, by notifying the NCAE membership Department, within 30 days from the payroll deduction or within 30 days from the first E-DUES or credit card deduction in each membership year. If canceling my membership for any reason, except death, termination of employment, or on a leave of absence, amounts still owing under this authorization shall be deducted. Payroll deductions will occur based on the determination of the school district. EFT/RCC deductions will occur 10 months of the year (September through June) one time per month. I will inform NCAE of credit card updates. I want to join the local association, the North Carolina Association of Educators, and the National Education Association. I hereby request and voluntarily accept annual membership in these associations and agree to abide by the bylaws, constitution, policies, and rules of all three associations. 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. By my signature, I indicate that I read, understand, and agree to the terms.

SIGNATURE* **DATE***

NCAE, 3700 GLENWOOD AVENUE STE. 510, RALEIGH, NC 27612 | FAX: 919-829-1626
 QUESTIONS: (1-800) 662-7924 OR WWW.NCAE.ORG

PLEASE PRINT CLEARLY AND REMEMBER TO SIGN YOUR FORM

Name of person who recruited you: _____