

As a participant in the



(local/chapter)



of North Dakota United (NDU) **Early Enrollment Membership Incentive Plan**, I am eligible to receive—prior to September 1, 2020, but in no event before April 1, 2020—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NDU Member Benefits programs.

Anyone who has ever been an active member of NEA or AFT is not eligible for Early Enrollment, but can join September 1.

As a condition of eligibility for these benefits, I agree to pay the appropriate unified **Active** membership dues for the 2020-21 membership year in accordance with established payment procedures. Should I fail to do so, 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, 2020.

Name: _____ Last 4-SSN: _____

Mailing Address: _____

Personal Phone: _____ Email: _____

Position: _____ Subject: _____

Building / Work Location: _____

Date of Birth: _____ Gender: Female _____ Male _____

Ethnicity: _____ Date of Hire: _____

American Indian/Alaska Native, Black, Hispanic, Caucasian (not of Hispanic Origin), Asian, Pacific Islander, Multi-Ethnic, other
*******ESP Members Only*******

Check the box below for your estimated annual income from the school district so we can determine your dues amount.

- \$53,500 or more \$32,500 - \$39,499 \$15,000 or less
- \$46,500 - \$53,499 \$25,500 - \$32,499
- \$39,500 - \$46,499 \$15,001 - \$25,499

I will pay my 2020-21 State and National Dues starting October 1, 2020 utilizing:

Payroll Deduction. My signature indicates my authorization to my employer to withhold the appropriate amount.

Automatic Withdrawal from my bank account. My signature indicates my authorization to NDU to initiate electronic entries to my _____ checking or _____ savings account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. This authority will remain in effect until I cancel it in writing. I have attached a void check to this application.

Bank Routing Number: _____ **Bank Account Number:** _____

Signature: _____ Date: _____