



Visit www.ndunited.org/join for all membership forms.

2020-21 MEMBERSHIP APPLICATION

K-12 Teachers & Education Support Professionals

My membership means:

- I am part of the state's largest union of educators and public employees.
- I support unity and collective action as a pathway toward quality public education and quality public services for all people in our state.
- I benefit from communications and political advocacy as a way to stay connected to and involved with issues affecting our work.

► Step 1: Join!

COUNT ME IN! WE ARE ND UNITED!

- MEMBERSHIP COMMITMENT: YES!** I want to join my fellow employees and become a member of the local association, North Dakota United, the National Education Association and the American Federation of Teachers. I hereby request and voluntarily accept membership in these associations, and agree to abide by the Constitution and Bylaws of all four associations.
- ANNUAL PAYMENT AUTHORIZATION: YES!** I hereby agree to pay the annual (September 1 – August 31) dues, fees, and assessments established by the four associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the four associations through payroll deduction or other arrangement unless I revoke this authorization in a signed writing sent to 301 N 4th St, Bismarck, ND 58501 via U.S. mail between August 1 and September 30 the membership year immediately preceding the membership year for which the authorization is to be canceled.

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.

SIGNATURE		DATE	
<i>Dues payments are not deductible as charitable contributions for federal income tax purposes.</i>			
First Name	Last Name	Employee ID No.	
Personal Email	Cell Phone*	Employer	Worksite/Position
Address		City	State/ZIP

Ethnicity	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiple Races	
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Gender Expansive/Non-Conforming	<input type="checkbox"/> Other

* By providing my phone number, I understand that the American Federation of Teachers, the National Education Association and its affiliates, including North Dakota United, 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, American Federation of Teachers, North Dakota United and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

► Step 2: Tell us more

As an educator, you have a close-up view of the opportunities and challenges facing our schools. These questions will help us provide the support you and your school need most.

JOB TITLE (Pick one that most represents your work.)

K-12 Teaching Professional:

- | | | |
|---|---|---|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Special/Developmental Ed | <input type="checkbox"/> Speech/Hearing | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Curriculum Specialist |
| <input type="checkbox"/> Library Media Specialist | <input type="checkbox"/> Reading Specialist | <input type="checkbox"/> Other _____ |

Education Support Professional:

- | | | |
|--|---|--|
| <input type="checkbox"/> Clerical Service | <input type="checkbox"/> Health/Student Service | <input type="checkbox"/> Skilled Trades |
| <input type="checkbox"/> Custodial & Maintenance | <input type="checkbox"/> Paraeducators | <input type="checkbox"/> Technical Service |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Security Services | <input type="checkbox"/> Transportation |

1) What year did you enter the profession?

(YYYY)

2) I am:

- Already a member
- Transferring from another district
- Joining the Association today
- Interested in receiving more information about membership

3) Your Association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?

- Classroom management (e.g. student behavior, relationships with students)
- Lesson planning
- Working with mentors/coaches
- Working with families
- Collaborating with administrators and colleagues
- Unpacking professional expectations (e.g. evaluations, observations)

4) Your Association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?

- Social and racial justice
- Meeting the needs of students in poverty
- Family and community engagement
- Fully funded schools
- Education policy—Contributing to critical decisions affecting my students, school and district
- Political advocacy—Supporting education policies to ensure all students have opportunities to succeed

5) Your Association advocates for conditions that retain high-quality educators for students. Which of these are you interested in learning about?

- Salary
- Educator rights & responsibilities
- Health care benefits
- Pensions & retirement security
- Student debt and/or finances
- Stretching your paycheck
- Working conditions

► Step 3: Payment info

CASH/CHECK (requires full payment of annual dues) **PAYROLL DEDUCTION** (may require additional form)

ACH (complete this authorization and attach a voided check) Type: Checking Savings

Name on Account	Billing Address	City	State/ZIP
Name of Bank	9-Digit Bank Routing Number	Account Number	

**I authorize the North Dakota United or its designated local to charge my credit/debit card or checking/savings account, as provided above, for annual membership dues, fees and assessments required for membership in the associations, and for any PAC contribution I have authorized. I further authorize those payments to be made through the initial membership year ending September 30, 2020, and on a recurring basis thereafter, payable in monthly installments on the ___ day of each month, in the amounts set forth below. I understand that the final charged/debited installment amount for the membership year will include any residual amount owed, not to exceed [Range]. The residual amount represents the portion of the combined total that cannot be evenly distributed among the installments.*

I understand that in the event one or more of the governing bodies of NEA or its affiliates authorizes a change in the amount of annual dues, fees and/or assessment, the North Dakota United or local will notify me by email or home mailing address not less than (10) days in advance of processing any changes to the transaction amount as described in the payment summary. Following that notice, I authorize the North Dakota United or local to adjust the amount to be charged to or debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule.

I understand that this authorization for the payment of membership dues, fees and assessments continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any electronic funds transaction shall not constitute the termination of my membership in the NEA. I further understand that North Dakota United or the local will notify me in writing if a transaction is rejected and I shall have seven (7) calendar days to provide updated account information or an accepted alternative method of payment, to continue my payments for annual dues, fees, and assessments.

K-12 TEACHERS MEMBERSHIP TYPES

	CODE	COST
Active Professional FT	AC-1-100	\$623.00
Active (employed 26% to 50%)	AC-1-50	\$311.50
Active (employed 25% or less)	AC-1-25	\$155.75
Pre-Retired	RT-9-7	\$516.00
Reserve (former Active)	RS-1-0	\$108.50
Reserve (former Educational Support)	RS-2-0	\$68.50
Retired Annual	RT-8-0	\$61.00
Retired Lifetime	RT-7-7	\$516.00
Student	ST-0-0	\$39.00
Substitute (not in a bargaining unit)	SB-0-0	\$45.00

K-12 ESP MEMBERSHIP TYPES

	CODE	COST
\$53,500 or more	AC-2-100	\$467.00
\$46,500 - 53,499	AC-2-100	\$428.00
\$39,500 - 46,499	AC-2-100	\$381.00
\$32,500 - 39,499	AC-2-100	\$341.00
\$25,500 - 32,499	AC-2-50	\$234.00
\$15,001 - 25,499	AC-2-50	\$191.00
\$15,000 or less	AC-2-25	\$116.00

1. State and National Dues — Enter the amount that coincides with your membership type, listed to the left. Total includes membership in NDU, NEA and AFT. State dues include a \$4 assessment for the NDU Foundation and an assessment to market public relations (Active - \$12, Retired - \$12, and Student - \$1). Members may request a refund for the NDU Foundation special assessment.

2. Local Dues — This amount is determined by your local association. Ask your recruiter for this total.

3. United PAC — A \$10 contribution to UPAC is included as part of the "Every Member Option." A member may contribute more than the amount printed. A member not wishing to contribute to UPAC should initial the appropriate statement.

4. NEA FCPE — The NEA Fund for Children and Public Education (NEA FCPE) and the United Political Action Committee (UPAC) collect voluntary contributions from Association members that are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education and public service, who are candidates for federal, state and local office. Only U.S. citizens or lawful permanent residents may contribute to these funds.

Contributions to these funds 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. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without affecting his or her membership status, rights or benefits in NEA, NDU, AFT or any other affiliates. Contributions to these funds are not deductible as charitable contributions for federal income tax purposes.

Federal law requires NDU to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

Should you choose to make an additional contribution, you are attesting that you understand that you are making a joint contribution to the NEA Fund and UPAC, and that 20% of your contribution will be given to the NEA Fund and that 80% will be given to the UPAC.

5. NDU Foundation — Contribute to a 501(c)(3) charity that provides scholarship and grants to prospective members and grants to prospective members.

Dues and Contribution Type:	Amount:	
Dues (State and National) ¹		<input style="width:90%;" type="text"/>
Local Dues ²		<input style="width:90%;" type="text"/>
United PAC ³	\$10	<input style="width:90%;" type="text"/>
<i>If you do not wish to contribute to UPAC, initial here:</i>		
NEA-FCPE ⁴		<input style="width:90%;" type="text"/>
NDU Foundation ⁵		<input style="width:90%;" type="text"/>
Total Yearly Amount:		<input style="width:90%;" type="text"/>

SIGNATURE

DATE

MONTHLY DUES DEDUCTION (for office use only)	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME	PAC
10 deductions by ACH or credit/debit card, or ___ deductions by payroll.	\$ ___ /mo.	\$ ___ /mo.	\$ ___ /mo.