



Visit [www.ndunited.org/join](http://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

*Dues payments are not deductible as charitable contributions for federal income tax purposes.*

First Name

Last Name

Employee ID No.

Personal Email

Cell Phone\*

Employer

Worksite/Position

Address

City

State/ZIP

- Ethnicity**  American Indian/Alaska Native  Asian  Black  Hispanic  Multiple Races  
 Native Hawaiian/Pacific Islander  White  Other
- Gender**  Female  Male  Transgender Female  Transgender Male  Gender Expansive/Non-Conforming  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.

|  |                |       |
|--|----------------|-------|
| <b>Dues and Contribution Type:</b>                                   | <b>Amount:</b> |       |
| Dues (State and National) <sup>1</sup>                               |                | _____ |
| Local Dues <sup>2</sup>  |                | _____ |
| United PAC <sup>3</sup>  | \$10           | _____ |
| <i>If you do not wish to contribute to UPAC, initial here:</i> _____ |                |       |
| NEA-FCPE <sup>4</sup>  |                | _____ |
| NDU Foundation <sup>5</sup>  |                | _____ |
| <b>Total Yearly Amount:</b>  |                | _____ |

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. |