

JOIN US



UNITED TEACHERS OF WICHITA

150 S Ida St, Wichita, Kansas 67211-1504



2015-2016 Active Professional Membership Form

All fields must be completed in order for membership to be activated.

Name First Middle Last Maiden (if applicable)

SSN

Address

City State Zip

Home Phone Cell Phone

Personal Email Address

Work Email Address

Ethnicity (This information is optional and voluntary and kept confidential.)

- Asian, Caucasian, Black, Hispanic, Native Hawaiian/Pacific Islander, Multi-Ethnic, Other, American Indian/Alaska Native, Unknown

Date of Birth Gender Male Female

Local Association (or USD#) UTW Employer USD 259

Work Location

Position Subject

Select Membership Type

Table with 2 columns: Full Time (position count 0.61 or more) and Half Time (position count 0.60 or less). Rows include NEA/AFT, KNEA/AFT-KS, UTW/LABOR FED, and TOTAL Mthly.

Is it your first year of teaching? Were you a member last year? Were you a student member last year? Are you currently collecting KPERs? If so, where? If so, how many years? University?

Choose payment method

- Payroll Deduction, Easy Pay (ACH/EFT=Checking Account), Cash/Check (This option requires full annual dues payment)

If you choose Easy Pay - Please complete the Easy Pay form on the reverse side.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

Membership in NEA, KNEA and the local association is required. If paying by payroll deduction, I hereby authorize the Board of Education to deduct from my salary my professional dues and assessments...

Signature Date

After completing this application, the original signed copy should be sent to KNEA; a scan or photocopy should be provided to the local association and for personal records.

KNEA Use Only: Date Received Date Processed Initials

Easy Pay

(ACH/EFT)



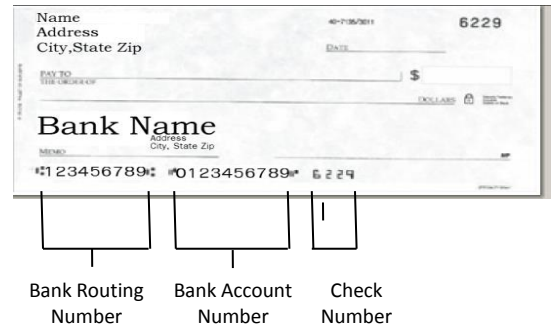
Year: 2015-2016

PLEASE NOTE: If you do not wish to provide your banking information; complete online at www.utw-ks.org.

Local: United Teachers of Wichita School ID # _____

Name: _____ Home Phone: _____
 Work Location Name: _____ Mobile Phone: _____
 Address: (HOME) _____ Home Email: _____
 City State Zip: _____ Other Email: _____

Authorization form to be filled out and submitted 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.



Projected 2015-2016 Dues

FULL TIME – (position Count 0.61 or more)
 NEA/AFT \$18.78; KNEA/AFT-KS \$32.10; UTW/Labor Fed \$8.91 Total Monthly Dues **\$59.79**

HALF TIME – (position Count 0.60 or less)
 NEA/AFT \$9.39; KNEA/AFT-KS \$16.05; UTW/Labor Fed \$4.46 Total Monthly Dues **\$29.90**

If you qualify for a discount, your dues will be adjusted accordingly.
 You will be notified of the change.

Electronic Funds Transfer – Bank Draft Authorization

Bank Name:																	
Bank Routing Number (9 digit)	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																
Bank Account Number:	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																

Signature: _____ Date: _____

For Office Use Only

Date and initial _____

Payment Plan Schedule: Recurring Debit every month starting _____, _____ Year _____

Month Day Year

Entered payment method/

Membership category on individual record in IMS

Entered ACH authorization info in Edues/IMS

Secured paperwork/transmitted to KNEA

Completed:
date and initial _____