

## Step 1: Join!

### MEMBERSHIP COMMITMENT: YES!

I want to join my fellow employees and become a member of the local association, the Delaware State Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations. I understand this Membership is continuous until I cancel my membership in a signed writing sent to Delaware State Education Association, 136 E. Water St., Dover, DE 19901-3614, via U.S. mail, such cancellation being effective no later than ten (10) work days from the receipt of the request, or my employment with my employer ends.

### ANNUAL PAYMENT AUTHORIZATION: YES!

I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues required for membership in the three associations and continue to do so each membership year unless I cancel as set forth below. The annual dues are subject to periodic change by the governing bodies of the associations. I understand that I may contact DSEA at any time to obtain information on the calculation of dues. I agree to pay on a continuing basis, by any payment method accepted by the Delaware State Education Association, and regardless of my membership status, the modified dues established by the governing bodies of the three associations unless I provide written notification to the Delaware State Education Association, 136 E. Water St., Dover, DE 19901-3614, via U.S. mail, such revocation being effective no later than ten (10) work days from the receipt of the request.

### Membership Type:

**Pre-Retired Lifetime:** Currently employed educators who wish to pay for retired membership in full prior to their retired date. (Cash/Check Only)

**Retired Lifetime:** Currently retired educators who wish to pay a one-time retired membership fee. (Cash/Check or Pension Deduction)

**Retired Annual:** Currently retired educators who wish to pay retired membership dues annually. (Cash/Check or Pension Deduction)

### Payment Options:

Cash/Check

Pension Deduction\*

\* I authorize the Delaware State Education Association to arrange for payment via pension deduction for membership dues and fees required for membership in the association.

Retired Lifetime dues can be paid by monthly pension deduction. The full amount must be paid by the end of the current membership year, which is August 31. The total dues amount will be divided by the number of months between when I join and August 31.

Retired Annual dues are deducted on a monthly basis through the end of the initial membership year ending August 31, and on a continuing basis thereafter, unless terminated in accordance with the instructions above. The monthly amount is equal to the annual dues divided by twelve (12).

## I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY 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:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_ **Mobile Phone\*\*:** \_\_\_\_\_ **Last 4 Digits of SS#:** \_\_\_\_\_  
*(only if paying by pension deduction)*

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/ZIP:** \_\_\_\_\_

**(Former) Employer:** \_\_\_\_\_ **(Former) Worksite/Position:** \_\_\_\_\_

\*\* By providing my mobile phone number, I understand that the National Education Association and its affiliates, including the Delaware State Education Association, the local association, NEA Member Benefits, and NEA360, may use automated calling techniques and/or text message me on my mobile phone on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

**Ethnicity:**  American Indian/Alaska Native  Asian  Black  Hispanic  Native Hawaiian/Pacific Islander  White (not Hispanic)  Multi-Ethnic  Other

**Gender:**  Female  Male  Transgender Female  Transgender Male  Gender Expansive/Non-Conforming  Other

## Step 2: Support elected officials who support public education

**YES! I WANT TO HELP ADVANCE POLICIES THAT POSITIVELY IMPACT EDUCATORS, STUDENTS, AND PUBLIC EDUCATION.**

I hereby authorize the following contribution to the NEA Fund for Children and Public Education (NEA Fund) and/or the DSEA Advocacy Fund for Children and Public Education (DSEA AFCPE) to build a strong voice for educators.

**I want to donate:**  \$100  \$50  \$25  \$ \_\_\_\_\_ to the NEA Fund for Children and Public Education.

**I want to donate:**  \$100  \$50  \$25  \$ \_\_\_\_\_ to the DSEA Advocacy Fund for Children and Public Education.

Contributions by cash/check only.

*The NEA Fund for Children and Public Education (NEA Fund) and Delaware Advocacy Fund for Children and Public Education (DSEA AFCPE) collect contributions from Association members for political work. This includes, but is not limited to, making contributions to (and expenditures on behalf of) friends of public education who are candidates for office.*

*Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund or the DSEA AFCPE. Contributions to the Funds are voluntary. Making a contribution is neither a condition of employment nor membership in the NEA, DSEA, and local association. Members have the right to refuse to contribute without suffering any reprisal. Although the NEA Fund and the DSEA AFCPE request a donation in the amounts listed above, these are only suggestions. A member may contribute more or less than the suggested amounts, or may contribute nothing at all, without it affecting their membership status, rights, or benefits in NEA or any of its affiliates.*

*Contributions to the NEA Fund and the DSEA AFCPE are not deductible as charitable contributions for federal income tax purposes.*

*Federal law requires the NEA Fund to use best efforts to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. State law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions to the DSEA AFCPE aggregate in excess of \$100 per reporting period.*

PAYMENT METHOD	PRE-RETIRED	RETIRED LIFETIME	RETIRED ANNUAL
Cash/Check	\$ _____ /total	\$ _____ /total	\$ _____ /annually
Pension	_____ n/a	\$ _____ /monthly	\$ _____ /monthly

*Checks should be remitted to the Delaware State Education Association at 136 East Water Street, Dover, DE 19901 within 10 days in order to maintain your membership in good standing.*

*For questions and dues amounts, please call 866-734-5834, or email us at [membershipsupport@dsea.org](mailto:membershipsupport@dsea.org).*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Name of the person who referred or recruited you:** \_\_\_\_\_

*Please return this form to: Delaware State Education Association, ATTN: Membership Services, 136 E. Water Street, Dover, DE 19901.*