

**2024-2025 MEMBERSHIP FORM - PLEASE PRINT CLEARLY**

First Name\*  Middle Name  Last Name\*  Preferred Name or Nickname

Street Address/Apartment Number\*  City\*  State\*  Zip Code\*

Date of birth\*  Last 4 of SSN\*  Employee ID #  Job Title\*  Subject/Grade Level

School District (Spell Out)\*  Work Location (Spell Out)\*  Date of Hire  First Year in Public Ed

Cell Phone\*  Home Phone  Email (Personal)\*  Email (Work)\*

Gender  Male  Female  Non-binary Pronouns/self-describe:

\*\*Ethnicity (optional)  American Indian/Alaska Native  Asian  Black/African American  Hispanic  Native Hawaiian/Pacific Islander  
 Multi-Ethnic  White  Other  Unknown

*\*\* Ethnic Minority information is used in the allocation of delegates and leadership in accordance with the NCAE Constitution and Bylaws and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, SEA or any of their affiliates. This information will be kept confidential. Membership enrollment shall continue each year unless I notify NCAE in writing to cancel.*

*\* By providing my contact information, I understand that NEA, NCAE, the local association, NEA Member Benefits, and NEA360 may use automated contact techniques and/or message me on a periodic basis. Carrier message and data rates may apply to such alerts.*



**All memberships are annual and enrollment shall continue each year unless I notify NCAE in writing to cancel.**

**MEMBERSHIP CATEGORIES AND ANNUAL DUES AMOUNT (SELECT THE APPROPRIATE JOB CLASSIFICATION)\***

SELECT YOUR JOB CLASSIFICATION*	EFT/RCC 10x/year	PR 9x/year	Annual Total
<input type="checkbox"/> <b>Certified Instructional Full Time:</b> (Ex: Teacher, Coach, Instr. Specialist, etc.)	\$57.50	\$63.89	\$575.00
<input type="checkbox"/> <b>Certified Instructional Part Time:</b>	\$30.15	\$33.50	\$301.50
<input type="checkbox"/> <b>Certified Student Services Full Time:</b> (Ex: Counselor, Nurse, Media Specialist, etc.)	\$58.00	\$64.45	\$580.00
<input type="checkbox"/> <b>Certified Student Services Part Time:</b>	\$30.65	\$34.06	\$306.50
<input type="checkbox"/> <b>Classified Full Time:</b>	\$31.50	\$35.00	\$315.00
<input type="checkbox"/> <b>Classified Part Time:</b>	\$17.43	\$19.37	\$174.25

SELECT YOUR JOB CLASSIFICATION*	EFT/RCC 10x/year	PR 9x/year	Annual Total
<input type="checkbox"/> <b>Administrator Full Time:</b>	\$60.50	\$67.23	\$605.00
<input type="checkbox"/> <b>Administrator Part Time:</b>	\$33.15	\$36.84	\$331.50
<input type="checkbox"/> <b>Reserve Certified:</b>	\$25.35	N/A	\$253.50
<input type="checkbox"/> <b>Reserve Classified:</b>	\$13.13	N/A	\$131.25
<input type="checkbox"/> <b>Substitute: (only for on-call/daily sub)</b>	\$9.93	N/A	\$99.25

T-shirt Size: S  M  L  XL  2XL  3XL  4XL

**METHOD OF PAYMENT: Dues payments are not deductible as charitable contributions for federal tax purposes.**

**SELECT ONE METHOD OF PAYMENT BELOW\***

**1. BANK DRAFT (EFT) (complete the following or attach a voided check)**  
 E-Dues: Name of Bank   
 9-Digit Routing Number  Full Checking Account Number   
**DEDUCTION DATE: \*(E-DUES ONLY select one date) - 10 monthly payments**  
 2ND  16TH  20TH  25TH  
 OR Pay as a full annual one-time payment

**2. RECURRING CREDIT/DEBIT CARD (RCC)**  
 Type of Card  Card Number   
 Expiration Date  **DEDUCTION DATE: 2nd of the month - 10 monthly payments**  
 OR Pay as a full annual one-time payment

**3.  PAYROLL DEDUCTION (PR)**  
 Deduction date varies by school district - 9 monthly payments

**4.  CHECK (CK)**  
 Invoices sent monthly to your home address

I want to join the local association, the North Carolina Association of Educators, and the National Education Association. I hereby request and voluntarily accept annual membership in these associations and agree to abide by the bylaws, constitution, policies, and rules of all three associations.

I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services provided. I understand that those annual amounts are subject to periodic changes by the governing bodies of the associations. I authorize NCAE/NEA (for payroll deduction, my employer) on a continuing basis, and regardless of my membership status, to pay those amounts through payroll deductions, or by E-DUES, recurring credit or debit card payments, checking or savings account, or check, as selected above. I may revoke this authorization, in writing, by notifying the NCAE membership Department, within 15 days from the first payroll deduction or within 30 days from the first E-DUES or credit card deduction in each membership year. If canceling my membership for any reason, except death, termination of employment, or on a leave of absence, amounts still owing under this authorization shall be deducted. Payroll deductions will occur based on the determination of the school district. EFT/RCC Deductions will occur 10 months of the year (September through June) one time per month. I will inform NCAE of credit card updates.

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. By my signature, I indicate that I read, understand, and agree to the terms.

**SIGNATURE\***  **DATE\***

NCAE, 3700 GLENWOOD AVENUE STE. 510, RALEIGH, NC 27612 | FAX: 919-829-1626  
 QUESTIONS: (1-800) 662-7924 OR WWW.NCAE.ORG

**PLEASE PRINT CLEARLY AND REMEMBER TO SIGN YOUR FORM**

Name of person who recruited you: