

- MEMBERSHIP COMMITMENT:** Yes! I want to join my colleagues by becoming a member of the local association, the Tennessee 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.
 - ANNUAL PAYMENT AUTHORIZATION:** Yes! I hereby agree to pay the annual (Sep. 1 - Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the association 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 three associations through payroll deduction or other arrangement, as selected below, unless I revoke this authorization in a signed writing sent to TEA via U.S. mail between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.
- 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 REPRISALS.**

Knox County Education Assn.

Classified

MEMBER SIGNATURE (Signature Required to authorize Membership) _____ DATE _____
 LOCAL ASSOCIATION (Please write out full name) _____

AREA CODE _____ CELL PHONE _____ AREA CODE _____ HOME PHONE _____ MEMBERSHIP ID NUMBER (Office Use Only) _____

*TEA will NOT use telephone numbers for telemarketing or advertising. By providing my phone number, I understand that the National Education Association, NEA Member Benefits, NEA360, the Tennessee Education Association, and my local affiliate may use automated calling techniques and/or text message me on my cellular phone or a periodic basis. The National Education Association, the Tennessee Education Association, and my local affiliate will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

PERSONAL E-MAIL ADDRESS (DO NOT LIST SCHOOL E-MAIL) _____ LAST 4 DIGITS OF SSN ONLY _____

Male Female Other

NAME	FIRST (Last-999)	MIDDLE	LAST
MAILING ADDRESS			
CITY	STATE	ZIP	

SEE CODES ON BACK OF COVER PAGE

DATE OF BIRTH	ETHNICITY	POSITION	SUBJECT
MO. DAY YR.			

ASSN	MEMBERSHIP CODE	ANNUAL AMOUNT
NEA DUES	AC-2-100	121.50
TEA DUES**	ES-0-100	156.00
LOCAL DUES	KCEA	85.75
TEA FCPE***		
LOCAL FCPE (if available)		
TOTAL		\$ 363.25

**In accordance with TEA's bylaws, a portion of your dues are allocated to the TEA-FCPE. Members who do not wish to contribute to the TEA-FCPE may request that this portion of their dues be allocated to general GR activities. The funds used for TEA-FCPE are not tax deductible.

***The TEA Fund for Children and Public Education collect voluntary contributions from Association members and use these contributions for political purposes, including, but 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 TEA fund. Contributions to the Funds are voluntary; making a contribution is neither a condition of employment nor membership in the NEA, TEA and local association, and members have the right to refuse to contribute without suffering any reprisal.

Contributions to the the TEA Fund are not deductible as charitable contributions for federal tax purposes.

Tennessee law requires political committees to request the name, address, occupation, and name of employer for all persons contributing more than \$100 in a reporting period.

MEMBER SIGNATURE (Signature Required to authorize PAC Fund Contributions) _____ DATE _____

- PAYMENT METHOD (Check One)**
- Payroll Deduction** (where available) **Cash, Check, or Money Order** (requires full payment of annual dues)
 - If I selected Payroll Deduction as my method of payment, I authorize the local Board of Education or other employer to deduct from my paycheck, in regular installments, annual dues as reflected above, including any annual increase. This authorization for payroll deduction of dues will automatically renew each year and will continue in effect until revoked in writing to the Local Association president and the business office of my employer, and revocation will be acted upon in accordance with TEA Board Policy. In the event of separation prior to final payment, I direct the remaining balance to be deducted from my last paycheck. I agree to hold the Board of Education or my employer harmless for these deductions.
 - Credit / Debit Card**

Name as it Appears on Card _____ Card Number _____ Exp. (Month/Year) _____

Name on Account _____ Billing Address _____ City _____ State/ZIP _____

Electronic Funds Transfer (EFT) Account Type: Checking Savings

Routing Number: _____ Account Number: _____

I authorize TEA 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 additional PAC contributions that I have authorized. I further authorize those payments to be made through the initial membership year ending August 31, 2022, and on a recurring basis thereafter, payable in monthly installments on the last business 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 \$1.00. 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 TEA or its affiliates authorizes a change in the amount of annual dues, fees and/or assessment, TEA 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 TEA 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.

Monthly EFT or Credit / Debit Card Charge (if selected above)

deductions by EFT or Credit / Debit Card _____ **Monthly Withdrawal** \$ _____ per month

MEMBER SIGNATURE (Signature Required to authorize EFT or Credit/Debit Card payments) _____ DATE _____