



2023-2024

MEMBERSHIP APPLICATION FORM



MEMBERSHIP ID NUMBER: _____

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

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.

ASSN.	MEMBERSHIP CODE	ANNUAL AMOUNT
NEA Dues	AC-2-100	\$124.50
NEA FCPE		
TEA Dues**	ES-0-100	157.00
TEA FCPE***		
Local Dues	KCEA	89.25
Local FCPE (if available)		
Total Annual Dues Amount		\$370.75
12 Payments by EFT or Debit/Credit Card		\$30.90

Local Association: Knox County EA Worksite: _____

Name: _____

Position: _____ Subject: _____

Personal Email: _____ Cell Phone*: _____

**By providing my phone number, I understand that the NEA, NEA Member Benefits, NEA360, the TEA, and my local affiliate may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.*

Address: _____

City: _____ State/Zip: _____

Gender: Female Male Other Date of Birth: ____/____/____ Last 4 digits of SSN: _____

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

Signature: _____ Date: _____

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

***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 TEA's general operating fund. 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 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.

Scan QR Code with phone/device to complete online.



**I authorize TEA or its designated local to charge my credit/debit card or checking/savings account as provided, 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, 2024, and on a recurring basis thereafter, payable in monthly installments on the last business day of each month, in the amounts set forth. 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. I understand that this recurring authorization to charge my credit/debit card or checking/savings account continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written revocation, mailed to TEA at 801 Second Avenue North, Nashville, TN 37201, containing my name, address, employer, and membership number. I understand that revocation will take effect 7 days after TEA receives my revocation and that revocation may not relieve me of my membership obligation and may require that I provide an alternative method of payment.

I (we) hereby authorize the TEA to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by the TEA.

This authorization is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to his/her account by BANK up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever occurs first.

PAYMENT INFORMATION *(check one)*

Credit/Debit Card**

Name on Account: _____ Name as it appears on card: _____

Billing Address: _____

City: _____ State/Zip: _____

Card Number: _____ Expiration (MM/YY): _____

Electronic Funds Transfer (EFT)**

Name on Account: _____ Address: _____

City: _____ State/Zip: _____

9-Digit Bank Routing Number:

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 Account Number: _____

Signature: _____ Date: _____

Signature required to authorize EFT or Credit/Debit Card payments.

Scan QR Code with phone/device to complete online.



Mail completed form to:
Tennessee Education Association
ATTN: Membership Services
801 Second Avenue North
Nashville, TN 37201-1099