As a member of WEA, NSEA, and NEA you automatically have access to:

- NEA Dues-Tab® life insurance — free to you as a membership benefit — up to $50,000 in accidental death and dismemberment insurance and a $150,000 benefit for death due to homicide while actively engaged in your occupation. (To activate your free dues-tab life insurance coverage, please complete the form in the back of the application.)
- Job development.
- Quality training.
- Professional resources and research.
- Help and support networks.
- Legal assistance.
- Professional assistance to help you be successful in your job.
- And much more!

Join with your colleagues from across the state and the nation to support quality public education—become a member of WEA, NSEA, and NEA.

For more information about products and services available to members, contact:

**Washoe Education Association** at:
(775) 828-9282 or visit our website at www.weatoday.org.

**Nevada State Education Association:**
(800) 248-6732 or visit the website at www.nsea-nv.org.

**National Education Association:**
visit the website at www.nea.org.
WASHOE EDUCATION ASSOCIATION
NEVADA STATE EDUCATION ASSOCIATION
NATIONAL EDUCATION ASSOCIATION

Membership Enrollment Form

BELOW TO BE COMPLETED BY MEMBER

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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<tbody>
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<tr>
<th>ADDRESS</th>
<th>SOCIAL SECURITY NO.</th>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>E-MAIL ADDRESS</th>
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<tr>
<th>SCHOOL LOCATION</th>
<th>SCHOOL PHONE</th>
<th>HOME PHONE</th>
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* The following information is optional and failure to answer it will in no way affect your membership status, rights or benefits in NEA, NSEA, or WEA.

**SEX:**
- [ ] Male
- [ ] Female

**BIRTH DATE:**
- [ ] Month
- [ ] Day
- [ ] Year

**REGISTERED VOTER:**
- [ ] Yes
- [ ] No

If yes, party affiliation:
- [ ] Democrat
- [ ] Independent
- [ ] Republican
- [ ] Non-Partisan

**ETHNIC CODE:**
- [ ] American Indian/Alaska Native
- [ ] Hispanic
- [ ] Caucasian
- [ ] Asian
- [ ] Pacific Islander
- [ ] Black
- [ ] Other _______________________

**POSITION:**
- [ ] Classroom
- [ ] Teacher/Faculty
- [ ] Psychologist
- [ ] Counselor
- [ ] Nurse
- [ ] Librarian
- [ ] Speech Pathologist
- [ ] Other _______________________

**METHOD OF PAYMENT:**
- [ ] Payroll
- [ ] Cash

- [ ] FULL TIME
- [ ] HALF TIME

- [ ] Retired
- [ ] Reserve
- [ ] Associate
- [ ] Educational Support
- [ ] Student
- [ ] Other

**LEVEL:**
- [ ] Kindergartener/Preschool
- [ ] Elementary/Intermediate
- [ ] Middle/Junior
- [ ] High School
- [ ] Other

**SUBJECT:**
- [ ] Agriculture
- [ ] Art
- [ ] Business/Economics Education
- [ ] Driver Education
- [ ] English
- [ ] Foreign Language
- [ ] Health/Phys. Educ./Recreation
- [ ] Home Economics
- [ ] Industrial Arts
- [ ] Mathematics/Computer
- [ ] Music
- [ ] Science
- [ ] Social Studies
- [ ] Special Education
- [ ] Occupational Education
- [ ] General Subjects
- [ ] ESL
- [ ] Other _______________________

**LEVEL:**
- [ ] Full Time
- [ ] Half Time

- [ ] Payroll
- [ ] Cash

- [ ] FULL TIME
- [ ] HALF TIME

- [ ] Retired
- [ ] Reserve
- [ ] Associate
- [ ] Educational Support
- [ ] Student
- [ ] Other

The NEA Fund for Children and Public Education requests an annual contribution of $15, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA, NSEA, or WEA.

Yes, I want to make an important investment in our future by contributing to the NEA Fund. I will contribute $_______ per pay check as a payroll deduction for this purpose.

TO PARTICIPATE IN THE EARLY ENROLLMENT MEMBERSHIP PLAN PLEASE COMPLETE THE SUPPLEMENTAL FORM PROVIDED BY THE ENROLLER.

My signature authorizes WEA to negotiate for me before the school district, as provided in Nevada Statutes, those items affecting my salary, hours and conditions of employment and to represent me in other matters affecting the professional services of educators and the quality of education.

Payroll Deduction Authorization: With full knowledge of the above, I hereby agree to pay cash for, or herein authorize my employer to deduct from my salary, and pay WEA, in accordance with the agreed-upon payroll deduction procedure, the professional dues as established annually and the political action contributions in the amounts indicated above for this membership year and each year thereafter, provided that I may revoke this authorization by giving written notice to that effect to WEA between July 1 and July 15 of any calendar year, or as otherwise designated by the negotiated agreement. Dues are paid on an annual basis and, although dues may be deducted from my payroll check(s) in order to provide an easier method of payment, a member is obligated to pay the entire amount of dues for a membership year. I understand that if I resign my membership in WEA, or in the event of termination, resignation or retirement from employment, I am still obligated to pay the balance of my annual dues and political or positive image contributions for that membership year and such payments will continue to be deducted from my payroll check(s).

Dues and political contributions are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as a miscellaneous itemized deduction.

MEMBER'S SIGNATURE ________________________________ Date ________________________________

WHITE: SCHOOL DISTRICT  YELLOW: WEA  PINK: NSEA  GOLDENROD: MEMBER
NEA DUES-TAB® Beneficiary Registration Form

NEA DUES-TAB® Insurance is an automatic benefit for eligible NEA members. Please help us administer this program by giving us information on your beneficiary and by completing this form in its entirety. This information will be held in strict confidence. Thank you.

PLEASE PRINT

Your Name ____________________________________________________________

Address ______________________________________________________________

City __________________________ State __________ Zip ______________________

Phone ____ Date of Birth __/__/____ Social Security No. __________________

Select your beneficiary for the NEA DUES-TAB® death benefit:
(1) ☐ Surviving spouse (at time of death)
(2) ☐ Surviving children (divided equally)
(3) ☐ Surviving parents
(4) ☐ Estate
(5) ☐ Other

Name __________________________ Relationship ____________________________
(if selecting partner, provide name of beneficiary and relationship to you.)

If married, what is the employment status of your spouse?
(1) ☐ Education employee
(2) ☐ Other professional
(3) ☐ Executive
(4) ☐ White-collar worker
(5) ☐ Blue-collar worker
(6) ☐ Unemployed
(7) ☐ Homemaker
(8) ☐ Student
(9) ☐ Other
(10) ☐ Retired

Total family income:
(1) ☐ $19,000 or below
(2) ☐ $20-29,999
(3) ☐ $30-39,999
(4) ☐ $40-49,999
(5) ☐ $50-59,999
(6) ☐ $60-69,999
(7) ☐ $70,000 or above

Number of children dependent on you for support and their year of birth:

1st Child (DOB) ______ 2nd Child (DOB) ______ 3rd Child (DOB) ______

2nd Child (DOB) ______ 4th Child (DOB) ______

Which statement best describes your housing situation?

(1) ☐ Rent living quarters
(2) ☐ Own condominium
(3) ☐ Own mobile home
(4) ☐ Own house
(5) ☐ Live with relatives
(6) ☐ Other

Marital status:
(1) ☐ Single
(2) ☐ Married
(3) ☐ Separated, Divorced, Widowed

Are you the major wage earner in your household?
(1) ☐ Yes
(2) ☐ No
(3) ☐ About the same

Gender:
(1) ☐ Male
(2) ☐ Female

I have been a continuous NEA member since the ______ school year.

By signing this form, I verify that I am a member in good standing of the National Education Association.

Member's Signature X __________________________ Date Signed __________________________

NEA DUES-TAB® Insurance Benefits

Free coverage for eligible members:
Up to $50,000 in accidental death and dismemberment insurance and a $150,000 benefit for death due to homicide while actively engaged in your occupation.