



Member Information Update

National Education Association - New Mexico



Ms. Mr. Mrs. Dr.

Name (PRINT LEGIBLY: First, Middle Initial, Last)

____/____/____
Date of Birth

Mailing Address

Mailing City/State

Mailing Zip Code

Personal Email

Cell Phone (w/Area Code) ¹

Personal Land Line (w/Area Code)

Local Association

School/Worksite

School/Work Phone

Description and NEA, NEA-NM, NEA-NM Region & ² EdPAC Dues				Row Total
<input type="checkbox"/> Certified FT (AC-1-100): \$650.00¹	<input type="checkbox"/> Certified PT (AC-1-50): \$358.50¹	<input type="checkbox"/> Education Support Professional (Classified) FT (AC-2-100): \$350.50¹	<input type="checkbox"/> Education Support Professional (Classified) PT (AC-2-50): \$194.50¹	\$

Local Association Dues (Varies from local to local)				\$
SUBTOTAL (Column):				\$

Position Code (check one)	Ethnicity Code (check one)	Method of Payment (check one)		
<input type="checkbox"/> Classroom Teacher	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Payroll Deduction	GRAND TOTAL: \$ (All Categories Above)	
<input type="checkbox"/> Counselor	<input type="checkbox"/> Asian	<input type="checkbox"/> Payment Attached (Check, Money Order, or Cash)		
<input type="checkbox"/> Licensed Librarian	<input type="checkbox"/> Black	<input type="checkbox"/> Electronic Funds Transfer from My Bank Account (EFT Form must be completed)		
<input type="checkbox"/> Other FT Licensed Professionals	<input type="checkbox"/> Caucasian (not Hispanic Origin)	<input type="checkbox"/> MasterCard / Visa		
<input type="checkbox"/> Administrator/Supervisor ³	<input type="checkbox"/> Hispanic	Card No. _____		
<input type="checkbox"/> Educational Assistant/Tech	<input type="checkbox"/> Multi-Ethnic	Expiration Date: ____/____/____		
<input type="checkbox"/> Secretary/Clerk/Admin Services	<input type="checkbox"/> Native Hawaiian/Pacific Islander	Security Code (Back of Card) _____	Cost / Pay Period: \$	
<input type="checkbox"/> Bldgs/Grnds Maint/Repair/Other	<input type="checkbox"/> Other	Billing Zipcode: _____		
<input type="checkbox"/> Food Service	<input type="checkbox"/> Unknown (This information is helpful in determining the diversity of our membership.)			
<input type="checkbox"/> Trans/Dlvry/Vhel Mechanics				
<input type="checkbox"/> Other _____				
If applicable, proration for partial year dues			%	\$

I understand that this authorization for the payment of membership dues, fees and assessments continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any electronic funds transaction is rejected and I shall have seven (7) calendar days to provide updated account information or an accepted alternative method of payment, to continue my payments for annual dues, fees, and assessments. I authorize the NEA-NM 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 PAC contribution I have authorized. I further authorize those payments to be made through the initial membership year ending August 31, 2021, and on a recurring basis thereafter in the amounts set forth below. I understand that the final charged/debited EFT installment amount for the membership year will include any residual amount owed, not to exceed the total dues amount. The residual amount represents the portion of the combined total that cannot be evenly distributed among the installments.

¹Providing your mobile number authorizes NEA-NM to send texts for which your mobile provider rates may apply.

²Twenty-four (\$24.00) of the amount collected from Active Professionals (although collected in the same manner as dues), or twelve (\$12.00) of the amount collected for fulltime Education Support Professionals, or six (\$6.00) of the amount collected from part-time Education Professionals constitutes a voluntary assessment to protect the education profession. It may be refunded to members who request it according to procedures of the board of directors. Forms for requesting the refund are available at nea-nm.org. Five dollars (\$5.00) of the amount collected from Active Professionals (although collected in the same manner as dues) is a voluntary contribution to the NEA-New Mexico Foundation for the Improvement of Education. Two dollars and Fifty Cents (\$2.50) of the amount collected from Active Education Support Professionals (although collected in the same manner as dues) is a voluntary contribution to the NEA-NM Foundation. This voluntary contribution may be refunded to members who request it according to procedures contained in the NEA-NM Bylaws. Forms for requesting the refund are available at nea-nm.org. The NEA-NM Foundation collects voluntary contributions from Association members. Contributions to the NEA-NM Foundation are voluntary; contributing is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal.

³Administrator/supervisor means a member who directly hires, evaluates, transfers, disciplines, or dismisses employees.

Member's Signature _____ Date ____/____/____ Recruiter (print) _____

2007 Botolph Road, Santa Fe, NM 87505 • 505-982-1916 • nea-nm.org

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Please make 3 photocopies; original to NEA-NM and one copy each to local association, payroll office (if applicable), and member.

OFFICE USE ONLY Date Entered: _____ Entered By: _____