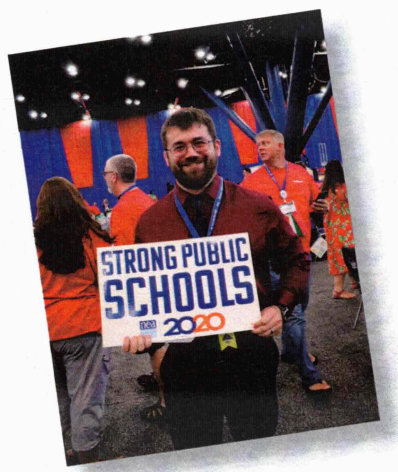


TYPE	DESCRIPTION	NEA	SDEA	SD-EPIC	BALLOT	SUB TOTAL	LOCAL	TOTAL
AC-1-100	Active, Certified (full time)	204.00	439.00	10.00	2.00	655.00	120	775
AC-1-100	Active, Certified (1st-yr. teacher)*	204.00	216.50	10.00	2.00	430.50	60	490.05
AC-1-75	Active, Certified (employed 51% to 75%)	204.00	329.25	10.00	2.00	545.25	90	635.25
AC-1-50	Active, Certified (employed 26% to 50%)	113.50	219.50	10.00	2.00	345.00	60	405
AC-1-25	Active, Certified (employed 25% or less)	68.50	109.75	10.00	2.00	190.25	30	220.25
RS-1-0	NEA Reserve/SDEA Sustaining	90.50	25.00			115.50		
SB-0-0	Substitute	15.00	10.00			25.00		

* First year teacher NOT first year SDEA member or first year in the local

Dues Calculator

$$\$ \underline{\hspace{2cm}} \text{ Total Dues (includes } \$ \underline{\hspace{2cm}} \text{ local dues, if applicable)} \div \# \overset{10}{\underline{\hspace{2cm}}} \text{ Deductions} \\
 = \$ \underline{\hspace{2cm}} \text{ Per Deduction}$$





Join the South Dakota Education Association!

Online Membership Enrollment
(or fill out the form on the next page)



2022-23 Membership Enrollment Form

— NEA/SDEA/LOCAL APPLICATION FOR CONTINUING MEMBERSHIP —

Mail forms to: South Dakota Education Association/NEA | Attn: Membership Records
411 East Capitol Avenue | Pierre, SD 57501

Name _____

Mailing address _____

City _____ State _____ Zip _____

Birth date _____

Home email _____
(please provide a NON-WORK email)

Cell phone _____

Text message opt in: Yes

By providing my phone number, I understand that the National Education Association (NEA) and its affiliates including, SDEA, the local association, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, the SDEA, and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

Local _____

Position _____ Subject _____

Work location _____

Work phone _____

Certified (AC-1) 1st year in profession

Employed: 100% 75% 50% 25% Other
(sub, reserve)

Previous member: No Yes, where _____

Gender*: Male Female

Disability*: Yes No

Registered Voter*: Yes No

Party*: Democrat Republican Independent Other

Ethnicity*: American Indian/Alaskan Native Black

Hispanic Caucasian (not Hispanic Origin)

Asian Native Hawaiian/Pacific Islander

Multi-Ethnic Other Unknown

* Optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, SDEA or any of their affiliates. This information will be kept confidential.

Payment: Certified Amount \$ _____ This amount includes local dues
 Check Credit Card (Please call 605-224-9263) Payroll Deductions # _____ \$ _____
 Easy Pay (For automatic bank withdrawals see additional Easy Pay form)

The \$10.00 contribution for SD-EPIC and the \$2.00 contribution for Ballot Issue Campaigns are voluntary contributions to support the political activity of the South Dakota Education Association. SD-EPIC contributions are used to help elect friends of education to state and local political offices. Ballot issue contributions are used for state ballot issue campaigns. Only U.S. citizens or lawful permanent residents may contribute to SD-EPIC and/or Ballot Issues. Members who choose not to contribute to SD-EPIC and/or Ballot Issues may request the refund in writing prior to October 15 of the current year. Contributions or gifts to SD-EPIC are not deductible for federal income tax purposes.

Yes — Membership Commitment: I want to join with my fellow employees and become a member of my local association, the South Dakota 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.

Yes — Annual Payment Commitment: I hereby agree to pay the annual dues, fees and assessments established by the three associations in consideration for the services the union 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] unless I revoke this authorization in a signed writing sent to my local president prior to **September 15**.

I UNDERSTAND AND 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.

Member Signature _____

Date _____

Local Representative/Recruiter Signature _____

Date _____

Original Copy SDEA/NEA — Make Copy For Local and Member