



► **Save when you pay by credit card, bank draft, or check! Visit dr/NABSEorg/join.**

STEP 1 Personal Information

Name (first, middle, last) _____ Last 4 digits of SSN _____
 dr/NABSE member ID _____ Birthdate (MM/DD/YY) _____ Male ☐ Female ☐
 Cell phone (required) _____ Campus _____
 Personal email (required) _____ Home phone (optional) _____
 Campus email (optional) _____
 Mailing address _____ Employee ID number _____
 State _____ City _____
 ZIP _____ Recruited by _____
 Print: First Name _____ Last Name _____

STEP 2 Membership Category (select one) & Invest in Education

Student Teacher, College Student, and Public members may join online at drNABSE.org. You must join in the appropriate insured category to qualify for the Educators Professional Liability Insurance Policy. Visit drNABSE.org Member-Benefits/Membership-Details/Membership-Categories-and-Dues for category descriptions.

- ☐ Professional (teacher, counselor, nurse, library, etc.) \$50
☐ Associate(para-educator, aide, support staff, etc.) \$40
☐ Administrator (principal, superintendent, board members, etc.)... \$50
☐ Retired \$25

OPTIONAL: Invest in Education

- ☐ Scholarship Donation \$25.00 _____
☐ Grand Total Total _____

DESIGNATED dr/NABSE REPS

Received Date _____

Print Name _____

Signature _____

dr/NABSE membership year begins 8/1/20 & ends 6/31/21.
 Some benefits' effective dates may not match effective membership dates. Visit [dr/NABSE.org](http://drNABSE.org) or disclosure details/limitations. I understand that dr/NABSE may contact me via information provided on this application, including email and text, to communicate about my benefits/account. dr/NABSE dues are not deductible as charitable contributions for income tax purposes but may be deductible as misc. itemized deductions, subject to IRS restrictions. Approx. 94% of your dues dollar is considered deductible; 5.6% is used for lobbying activities and is therefore not deductible.

STEP 3 Payroll Deduction Authorization**2020-21 Professional, Associate, and Administrator memberships**

*** First-Time Professional memberships.** Year Membership August 1, 2020-June31, 2021

I authorize _____ ISD to deduct membership dues and donations. I further authorize dr/NABSE to notify the ISD of changes in the amount of my annual dues and the ISD to deduct the new amounts. If my employment with the ISD ends, I authorize any unpaid balance to be deducted from my final check. This authorization for deductions is effective until I give notice to the ISD that I want to revoke it.

Total Amount \$ _____ Total # of Deductions _____ Last 4 digits of SSN _____

I get paid ☐ Monthly ☐ Bi-weekly _____ Date _____ Employee ID _____

I wish to cancel deduction of membership dues for: Printed Name _____

☐ dr/NABSE ☐ NABSE ☐ TABSE ☐ Other **Signature** _____
 \$50 \$100 \$50

*ISD payroll offices may stop accepting payroll authorizations before Jan. 31, 2021.

**How to Submit
Your Application**

Mail the entire application to:
dr/NABSE | P.O. Box 397747, | Dallas TX 75339-7747

Or hand-deliver it to an authorized dr/NABSE representative. Faxed 214-333-9366 or scanned applications are not accepted.