



WYOMING EDUCATION ASSOCIATION

115 EAST 22ND STREET, #1, CHEYENNE, WY 82001

(307) 634-7991

WWW.WYOEА.ORG

April 2017

As a participant in the _____ (Local's name) Early Enrollment Membership Incentive Plan, I am eligible to receive---prior to September 1, 2017, but in no event before April 1, 2017---benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs.

As a condition of eligibility for these benefits, I agree to pay the appropriate Unified **Active** membership dues for the 2017-2018 membership year in accordance with established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2017.

Signature _____

Date _____

This form can be found on www.wyoea.org.

TOGETHER WE SUCCEED!

For our schools to thrive, we are ALL accountable

KATHY VETTER
PRESIDENT

GRADY HUTCHERSON
VICE PRESIDENT

KIMBERLY AMEN
TREASURER

AMY SIMPSON
NEA DIRECTOR

RON SNIFFIN
EXECUTIVE DIRECTOR