



Wyoming Education Association
— Together We Succeed —

April 2020

As a participant in the _____ (Local's name) Early Enrollment Membership Incentive Plan, I am eligible to receive---prior to September 1, 2020, but in no event before April 1, 2020---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 2020-2021 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, 2020.

Signature _____

Date _____

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

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