

NATIONAL EDUCATION ASSOCIATION
2016-17 Student Rebate Application

Complete form and submit on or before MAY 1, 2017, to:

*Mail to: NEA Membership Management Services
ATTN: Student Rebates
1201 - 16th Street, N.W.
Suite 419
Washington, DC 20036-3290
Fax (202)822-7669 or Email studentrebate@nea.org*

NEA INDIVIDUAL ID: _____

WE MUST HAVE THE ID

NAME: _____
FORMER LAST NAME IF NEEDED TO VERIFY MEMBERSHIP

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PERSONAL EMAIL ADDRESS: _____

*I certify that **2016-17** is my first year of Active membership eligibility and I am an NEA Active member.*

My local affiliate is: _____

My state affiliate is: _____

Below is a record of my former Student membership:

COLLEGE OR CHAPTER & STATE	YEAR(s) A MEMBER, e.g., 2014-15

1. The **2016-17** must be your **first year** of educational employment and you must hold NEA **Active** membership. Substitute members are not eligible for the rebate.
2. The application must be submitted to NEA by **May 1, 2017**. Be certain to provide ALL requested information.
3. Rebates will be issued for \$20 for each year of NEA Student membership up to four years.
4. Verification of your membership will be made by NEA and a rebate check will be mailed to you in late **August 2017**.
5. NEA will not contact you prior to mailing your rebate check unless additional information is required.

SIGNATURE: _____ **DATE:** _____

For NEA Use Only
