



LINCOLN EDUCATION ASSOCIATION

Lincoln Education Association

4920 Normal Blvd * Lincoln NE * 68506
489-7500 – www.lincolneducationassociation.org

MEMORANDUM OF UNDERSTANDING

I, _____, understand, agree, and accept that the NSEA Member Rights Legal Assistance Policy dictates that by not joining the Association during open enrollment and more then 30 days after the start of the Association year (after September 30th), I shall not be entitled to any attorney services related to any job security or employment situation, unless specifically approved by the NSEA Executive Director. I shall, however, be entitled to receive LEA staff services related to any job security or employment situation arising after the date of the activation of my membership application. **My membership is not valid and will not be processed until such time as this form is signed and returned to the LEA.**

Date: _____

Print Name: _____

Signature: _____

**Return this form to:
The Lincoln Education Association
4920 Normal Blvd * Lincoln NE 68506
or through school mail
LEA Office (no box number)**