



2018-2019 MEMBERSHIP APPLICATION

ALPINE /Utah/National Education Associations

Please return this form to your Association Representative or send to:
AEA Membership, 557 W. Center St., Pl. Grove, UT 84062

Member #: _____

SOCIAL SECURITY NUMBER – LAST FOUR XXX-XX-		DISTRICT EMPLOYEE NUMBER		HIRE DATE (MM/DD/YYYY)		BIRTHDATE (MM/DD/YYYY)		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST STUDENT	
								<input type="checkbox"/> INTERN <input type="checkbox"/> MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)					LOCAL ASSOCIATION (SCHOOL DISTRICT)				
PREFERRED NAME / NICKNAME			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		CURRENT SCHOOL/WORK LOCATION		PREVIOUS MEMBER TRANSFERRED FROM		
ADDRESS					NONWORK EMAIL <input type="checkbox"/> PREFERRED				
CITY		STATE		ZIP		WORK EMAIL <input type="checkbox"/> PREFERRED			
CELL PHONE ()		SECONDARY PHONE ()			SUBJECT			GRADE	
See below for TCPA Consent*									
POSITION <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Coach <input type="checkbox"/> Counselor <input type="checkbox"/> Related Servers <input type="checkbox"/> Librarian/Media Spec <input type="checkbox"/> Principal/Asst. Principal (Major Assignment) <input type="checkbox"/> Reading Spec <input type="checkbox"/> Curriculum Spec <input type="checkbox"/> Administrator (directly hires, evaluates, transfers, disciplines or dismisses) <input type="checkbox"/> Special/Development Ed <input type="checkbox"/> Other _____									
ETHNIC GROUP (Optional)** <input type="checkbox"/> Caucasian (not of Hispanic origin) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Unknown <input type="checkbox"/> Other									

MONTHLY DUES DEDUCTION	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME	Children At Risk Foundation (CARF)*** (optional)
12 deductions by payroll	\$ 52.75 / mo	\$ 27.92 / mo	\$ /mo
10 deductions by EFT/Credit Card	\$ 63.30 / mo	\$ 33.50 / mo	\$ /mo

Dues payments (or a portion) are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as a miscellaneous itemized deduction.

<input type="checkbox"/> EFT - Electronic Funds Transfer <input type="checkbox"/> Credit Card <i>(Enter EFT or Credit Card payment information on reverse side)</i>	The UEA is hereby authorized and directed to deduct the specific sum certified by UEA or its designated local and to pay the dues to UEA or its designated local by EFT or Credit Card as indicated. I may revoke this dues deduction authorization by submitting a written directive to the UEA or its designated local. Dues deductions will be on the third day of each month or the next business day if the third falls on the weekend.
<input type="checkbox"/> Check/Cash.	I hereby agree to pay to the UEA annual dues for the current membership year and each year thereafter.
<input type="checkbox"/> Payroll Deduction.	The district is hereby authorized and directed to deduct the specific sum certified by AEA & UEA or its designee, and to pay the dues to AEA & UEA or its designee by payroll deduction. I may revoke this dues deduction authorization by submitting a written directive to the District.

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and AEA and I agree to the governing documents of each association; (2) membership is annual beginning September 1 and automatically renews annually thereafter; (3) membership dues may change from year to year but may not exceed three percent of my monthly salary; (4) dues may be paid monthly, however, the financial obligation for membership is an annual fee and any early cancellation will result in a dues obligation for the remaining portion of the year of membership; and (5) I hereby designate and empower the AEA as my exclusive bargaining agent.

MEMBER'S SIGNATURE	DATE	REFERRED BY
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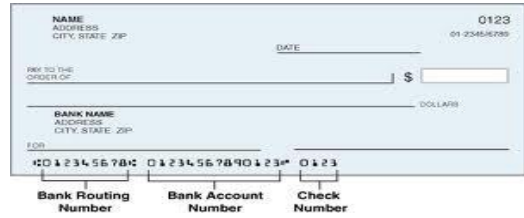
***Telephone Consumer Protection Act (TCPA) Consent** – By providing my phone number, I understand that the National Education Association and its affiliates including the Utah Education Association, the local association, NEA Member Benefits and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Utah Education Association and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

****Ethnic Group** – Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, UEA or any of their affiliates. This information will be kept confidential.

*****Children At Risk Foundation (CARF)** – CARF is a nonprofit foundation whose aim is to improve education, health and opportunities for at-risk students. A voluntary contribution to the Children At Risk Foundation of \$1.00 is suggested.

EFT – ELECTRONIC FUNDS TRANSFER INFORMATION

Bank Name: _____
 Account Type: ___ Checking ___ Savings
 Bank Routing # (9 digits): _____
 Bank Account #: _____



Please attach a voided check for checking account. (No deposit slips)

CREDIT CARD INFORMATION

Credit Card Number: _____ Exp. Date ____/____/____ CVV: _____
 Name as it appears on the card: _____

I authorize the Utah Education Association (UEA) or its designated local to initiate credit or debit entries to my account with the financial institution named above. This is to remain in full force and effect until the UEA or its designated local has received written notification from me of its termination in such time and in such manner as to afford the UEA or its designated local a reasonable opportunity to act on it.

Signature: _____ Date: _____

Your Partner. Your Advocate. Your Association.

How can we best support you?

1) What year did you enter the profession?

(YYYY)

2) I am:

- Already a member
- Transferring from another district
- Joining the Association today
- Interested in receiving more information about membership

3) Our Association provides resources and support to educators to ensure student success. How can we help you in your career and practice as an educator?

- Student Behavior / Classroom Management
- Curriculum Assistance
- Access to Mentors and/or Coaches
- Working with Parents
- Working with Administrators
- Understanding Your Evaluation / Observation Process

4) Our Association works to ensure every school provides our students with the opportunities to succeed. Which of the following issues are most important to you?

- Social and Racial Justice
- Economic Justice
- Parental and Community Engagement
- Fully-funded Schools
- Conditions in the Workplace
- Education Policy—*policy that impacts your school at the local, state or national level*
- Political Advocacy—*advocate for policies that ensure all students get the opportunities they deserve*

5) Our Association advocates for conditions that retain high-quality educators for students. Which of these are you interested in learning about?

- Compensations & Contracts
- Educator Rights & Responsibilities
- Health Care & Insurance
- Pension & Retirement Benefits
- Student Debt
- Stretching Your Paycheck



Office Use: Worksite ID