

# 2017-2018 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        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		
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 (If member the FULL Year, if not see prorated at website <a href="http://alpineuniserv.org">alpineuniserv.org</a> )	\$ 51.00 / mo	\$ 27.04 / mo	\$        / mo
10 deductions by EFT/Credit Card (If member the FULL Year, if not see prorated dues at website <a href="http://alpineuniserv.org">alpineuniserv.org</a> )	\$61.20 / mo	\$32.45 / 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. <i>Dues deductions will be on the third day of each month or the next business day if the third falls on the weekend.</i>
<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 UEA or its designee, and to pay the dues to 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 [Local] 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 [local association] as my exclusive bargaining agent.

MEMBER'S SIGNATURE	DATE	REFERRED BY
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PACKET

**\*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.

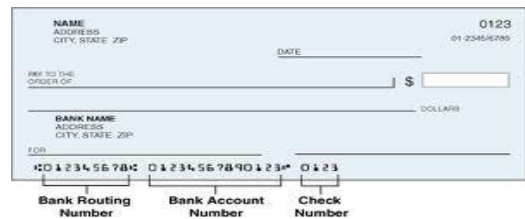
**EFT – ELECTRONIC FUNDS TRANSFER INFORMATION**

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: \_\_\_\_\_