



# 2019-2020 EARLY ENROLLMENT MEMBERSHIP APPLICATION

## ALPINE /Utah/National Education Associations

Please return this form to your Association Representative or send to:  
AEA, 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 reverse side 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 _____									

- NEW MEMBER.** As a participant in the local association, Utah Education Association and National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2019, but in no event before April 1, 2019—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 2019-20 membership year in accordance with established payment procedures. I understand my obligation to pay that annual dues obligation continues, regardless of my membership status, and that if I fail to pay those amounts, 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, 2019.
- PREVIOUS MEMBER REJOINING.** As a participant in the UEA Early Enrollment Program (UEA EEP), I am eligible to receive – prior to September 1, 2019, but in no event before April 1, 2019 – certain benefits normally available only to regular dues-paying members of the Association, except for NEA/UEA USLP legal services only available to active members. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2019-2020 membership year in accordance with the regular payment procedures established by the UEA. Should I fail to do so, my eligibility to receive UEA EEP benefits shall immediately terminate. In addition, I shall be liable for the cost of any benefits or services that were provided to me, under the UEA EEP, prior to September 1, 2019.

<b>MONTHLY DUES DEDUCTION</b>		<input type="checkbox"/> FULL-TIME		<input type="checkbox"/> HALF-TIME		Children At Risk Foundation (CARF)*** (optional)	
(10 deductions by EFT/Credit Card or 12 deductions by payroll)		\$ / mo		\$ / 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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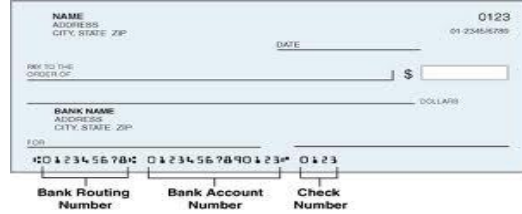
**EFT – ELECTRONIC FUNDS TRANSFER INFORMATION**

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: \_\_\_\_\_

**\*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.

1) What year did you enter the profession?

(YYYY)

2) I am:

- Already a member
- Transferring from another school district
- Joining the Association today
- I would like more information about membership

3) Your association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?

- Classroom management (e.g. student behavior, relationships with students)
- Lesson planning
- Working with mentors/coaches
- Working with families
- Collaborating with administrators and colleagues
- Unpacking professional expectations (e.g. Evaluations, observations)

4) Your association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?

- Social and racial justice
- Meeting the needs of students in poverty
- Family and community engagement
- Fully funded schools
- Education policy—Contributing to critical decisions affecting my students, school, and district
- Political advocacy—Supporting education policies to ensure all students have opportunities to succeed

5) Your association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?

- Salary
- Educator Rights & Responsibilities
- Health Care Benefits
- Pensions and Retirement Security
- Student Debt and/or Finances
- Stretching Your Paycheck
- Working Conditions