





-Please See Information on Reverse Side-

2024-2025 MEMBERSHIP APPLICATION ALPINE/Utah/National Education Associations

Return form to your Association Representative or send to:

MIKE GOWANS by District mail to Westlake High School, or regular mail to: AEA, 557 W. Center St. Pl. Grove, UT 84062



JOIN ONLINE. It's safe and secure!

☐ PACKET

Member #:		<u></u>		
SOCIAL SECURITY NUMBER – LAST FOUR	DISTRICT EMPLOYEE NUMBER	HIRE DATE (MM/DD/YYYY)	BIRTHDATE (MM/DD/YY	NYY) NEW HIRE PAST ASPIRIN
XXX-XX				INTERN MEMBER
LEGAL NAME (FIRST, MIDDLE, LAST)		LOCAL ASSOCIAT	ON (SCHOOL DISTRICT)	
PREFERRED NAME / NICKNAME DFEMAL DGENDI		CURRENT SCHOOL/WORK LOCATION PREVIOUS MEMBER TRANSFERRED FROM		
ADDRESS		NONWORK EMAIL	(PREFERED)	
CITY	STATE ZIP	WORK EMAIL		
CELL PHONE* ()	SECONDARY PHONE	SUBJECT		GRADE
□ SPECIAL ED □ C	CHER INSTRUCTIONAL SPEC (Directly Hires, Evaluates, Transfers, ICOACH CURRICULUM SPEC IDBLACK LATIN(O/A/X), H	Disciplines or Dismisses) ☐ SPI☐ PSYCHOLOGIST ☐ OTH		
RACE (Optional)	/PACIFIC ISLANDER		ELF IDENTIFY:	
	CH by AEA Children At Risk Foundation (CARF)*** (optional)			
MONTHLY DUES DEDUCTION	☐ FULL-TIME	□ HALF	TIME	Yearly amount
	<mark>\$67.75</mark>	\$34. 8	<mark>33</mark>	Any amount you choose
	Dues payments are not deductible	le as charitable contributions fo	r federal income tax purpos	ses.
☐ EFT - Electronic Funds Trai Go to the SmartPay link on the to website to set up your account, o this form is a QR code that will tak www.alpineuniserv.org	The AEA is hereby authorized and directed to deduct the specific sum certified by the AEA to pay the dues by EFT as indicated. I may revoke this dues deduction authorization by submitting a written directive to the AEA. Dues deductions will be on the 28th day of each month or the next business day if the 28th falls on the weekend.			
☐ Check/Cash	I hereby agree to pay to the AEA annual dues for the current membership year and each year thereafter.			
its affiliates including the Utah Educa	tion Association, the local as	ssociation, NEA Member	Benefits and NEA360	ne National Education Association and may use automated calling techniques ssage and data rates may apply to such
by the Constitution and Bylaws of	ucation Association. I hereby f all three associations. I her	y request and voluntarily a reby designate and empo	accept membership in wer the Alpine Associa	these associations and agree to abide ation as my exclusive bargaining agent.
consideration for the services the the governing bodies of the assoc regardless of my membership sta	e union provides. I understan ciations but may not exceed atus, the payment of those a	nd that those annual amou three percent (3%) of my nnual amounts establishe	unts, due on September monthly salary. I authed by the three associa	stablished by the three associations in er 1 are subject to periodic change by orize on a continuing basis, and tions through payroll deduction or othe authorization is set to be cancelled.
I UNDERSTAND THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.				
MEMBER'S SIGNATURE	DA	ATE	REFERRED BY	

	EFT INFORMATION NEEDED - DO NOT WRITE IN THIS SECTION! GO TO QR CODE OR LINK TO THE RIGHT ▶	QR Code or Link for SmartPay		
Nan Billin Ban A Ban	s is the information you will need when you click or SmartPay link or scan the QR Code to the right. ne on Account: ng Address: k Name: ccount Type: Checking Savings k Routing # (9 digits):	QR CODE TO SMARTPAY SmartPay		
	k Account #: make sure to include and zeros if you have them ont of your account number	LINK TO SMARTPAY https://stats.slimcd.com/soft/multisession.asp?sessionid		
	RANK MANE ACCOUNTS COT STATE OF THE COT	=5B711DEE23EEC8481692ABBD43C0993866496186 OR GO DIRECTLY TO: www.alpineuniserv.org		
and click on SmartPay in the top right-hand corner. **Race and Ethnicity – Race and Ethnicity 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.				
As anyour	LL US MORE n educator, you have a close-up view of the opportunities and challenges facing need to succeed as an educator. What year did you enter the profession? (YYYY) our union provides training, support, and tools to ensure	our schools. These questions will help us collectively win for our students and provide you with the tools your success. What would you like to learn more about?		
	Building relationships and meeting students' social-emotional needs	`		
3. V	/hen we work together, we have a stronger voice. How w	ould you like to participate in your union? (Mark all you are interested in)		
	Membership, Leadership & Advocacy Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role.	e word out about bargaining, meet & confer, or Supporting members to grow in their professional practices.		
		nding & Education Policy rease education funding at my school, district, "m not ready to volunteer right now but I'm looking forward to staying informed.		