



2017-2018 EARLY ENROLLMENT MEMBERSHIP APPLICATION

Local /Utah/National Education Associations

Please return this form to your Association Representative or send to:

Member #: _____

SOCIAL SECURITY NUMBER – LAST FOUR XXX-XX-_____		DATE OF BIRTH (MMDDYY)		HIRE DATE		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST STUDENT MEMBER <input type="checkbox"/> INTERN	
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/Utah/National Education Association Early Enrollment Membership Incentive Plan (*NEA EEL*), I am eligible to receive – prior to September 1, 2017, but in no event before April 1, 2017 – benefits under the NEA Educators Employment Liability (*NEA 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 2017-2018 membership year in accordance with established payment procedures. Should I fail to do so, 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, 2017.
- PREVIOUS MEMBER REJOINING.** As a participant in the UEA Early Enrollment Program (*UEA EEP*), I am eligible to receive – prior to September 1, 2017, but in no event before April 1, 2017 – certain benefits normally available only to regular dues-paying members of the Association, including limited coverage by the UEA for civil and criminal liability. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2017-2018 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, 2017.

MONTHLY DUES DEDUCTION	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME	Children At Risk Foundation (CARF)*** (optional)
(10 deductions by EFT/Credit Card or _____ 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.

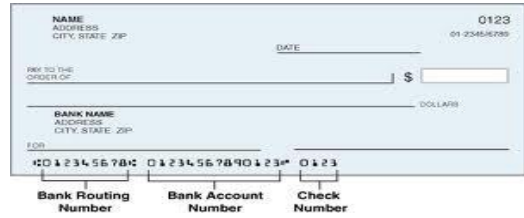
MEMBER'S SIGNATURE	DATE	REFERRED BY
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—Please See Information on Reverse Side—

PACKET

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.