



2017-2018 MEMBERSHIP APPLICATION

UEA-Retired/Utah/National Education Associations

Please return this form to your Association Representative or send to:
UEA Membership, 875 E. Pontiac Dr., Murray, UT 84107

Member #: _____

SOCIAL SECURITY NUMBER – LAST FOUR XXX-XX-_____	DATE OF BIRTH (MMDDYY)	PREVIOUS MEMBER RETIRED FROM	
LEGAL NAME (FIRST, MIDDLE, LAST)		EMAIL	
PREFERRED NAME / NICKNAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CELL PHONE () <i>See below for TCPA Consent*</i>	SECONDARY PHONE ()
ADDRESS	CITY	STATE	ZIP
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 _____		

<input type="checkbox"/> PRE-RETIRED LIFETIME		<input type="checkbox"/> RETIRED LIFETIME		<input type="checkbox"/> RETIRED ANNUAL	
Total Member Dues	\$350.00	Total Member Dues	\$350.00	Total Member Dues	\$65.00
Children at Risk Foundation**		Children at Risk Foundation**		Children at Risk Foundation**	
TOTAL DUES		TOTAL DUES		TOTAL DUES	

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.

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and UEA-Retired Local and I agree to the governing documents of each association; (2) membership is annual beginning September 1 and automatically renews annually thereafter; (3) Annual membership dues may change from year to year; (4) 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; (5) If I wish to discontinue my membership, I must do so in writing to the Utah Education Association prior to September 15 of any year and it will be effective the following September 1.

- Check/Cash/Payment in Full.
- Credit Card

Type of Credit Card you will be using: Circle one Visa/MasterCard

Name as it appears on Credit Card _____
 Credit Card Number _____ Expiration Date _____ CVV# _____
 Credit Card Billing Address _____ City _____ State _____ Zip _____
 Card Holders Signature _____

MEMBER'S SIGNATURE	DATE
--------------------	------

REFERRED BY

***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 \$10.00 is suggested.