



2010-11 MEMBERSHIP APPLICATION
 Alpine/Utah/National Education Associations
 Please return this form to your Association Representative or send to:
 Bonneville UniServ, 39 South 400 West Orem, Utah 84058

MEMBERSHIP	SOCIAL SECURITY NUMBER		DATE OF BIRTH (MMDDYY)		<input type="checkbox"/> NEW HIRE		HIRE DATE	
	LEGAL NAME (FIRST, MIDDLE, LAST)				LOCAL ASSOCIATION (SCHOOL DISTRICT)			
	NICKNAME (If Preferred)				SCHOOL/WORK LOCATION			
	ADDRESS				PREVIOUS MEMBER TRANSFERRED FROM			
	CITY		STATE		WORK E-MAIL ADDRESS			
	ZIP CODE		HOME PHONE (Including Area Code)		HOME E-MAIL ADDRESS			
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		REGISTERED VOTER (Optional) <input type="checkbox"/> YES <input type="checkbox"/> NO		POLITICAL PARTY (Optional) <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> No Party			
	POSITION (Major Assignment)							
	<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 <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							
	SUBJECT			GRADE	LEVEL <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Year Round - Track			
ETHNIC GROUP (Optional)*								
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown								
MONTHLY DUES DEDUCTION				<input type="checkbox"/> FULL-TIME		<input type="checkbox"/> HALF-TIME		
Total Monthly Member Dues (12 deductions)				\$ 44.67 / mo		\$ 24.42 / mo		
Children at Risk Foundation (CARF) **				\$ / mo		\$ / mo		

By signing this application I understand and agree: (1) membership is annual beginning September 1; (2) membership is for an entire year and automatically renews annually thereafter. It is for your convenience only to have a monthly deduction; (3) membership dues may change from year to year but may not exceed 3% of my monthly salary; and (4) if I wish to discontinue my membership, I must do so in writing to my local UEA affiliate prior to September 15 of any year and it will be effective the following September 1. Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

- Payroll Deduction (Dues Only).** 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.
- Check/Cash/One Time Deduction.** I hereby agree to pay to the local association the annual dues for the current membership year and each year thereafter ON OR BEFORE September 10. If no funds are received by this date, I authorize my local UEA affiliate to convert my cash payment status to payroll deduction according to the local's payroll deduction schedule.
- Check/Cash/ Bi-Annual Payroll Deduction** in September and February.

I hereby designate and empower the local association as my exclusive bargaining agent.

MEMBER'S SIGNATURE	DATE	LOCAL ASSOCIATION REPRESENTATIVE
		<input type="checkbox"/> Packet

***ETHNICITY** — 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)** — A voluntary contribution to the Children at Risk Foundation of \$1.00 is suggested. Donations will be collected through payroll deduction. CARF is a non-profit foundation for the benefit of children at risk for failure in school. The Foundation creates partnerships whose aim is to improve education, health, and opportunities of at-risk students. CARF provides scholarships to students who show courage and determination to graduate in the face of tragedy and personal challenges. The Foundation seeks good students and adults who have demonstrated experience and dedication to serving disadvantaged and minority communities, and other programs.

MONTHLY PAC	VOLUNTARY PAC CONTRIBUTIONS	<input type="checkbox"/> RECOMMENDED MINIMUM	<input type="checkbox"/> ACTIVIST LEVEL	<input type="checkbox"/> CAPITOL CLUB*****	<input type="checkbox"/> CAPITOL CLUB BRONZE	<input type="checkbox"/> OTHER	<input type="checkbox"/> No PAC Contribution at this time
	L-PAC*** (12 deductions)	\$.50	\$ 1.00	\$ 1.00	\$ 6.25	\$	
	U-PAC*** (12 deductions)	\$ 2.00	\$ 2.50	\$ 6.00	\$ 12.50	\$	
	NEA-FCPE**** (12 deductions)	\$.50	\$.50	\$ 1.00	\$ 1.25	\$	
	Total Monthly PAC	\$ 3.00	\$ 4.00	\$ 8.00	\$ 20.00	\$	
<input type="checkbox"/> E-Z Pay (For PAC Only). An Electronic Funds Transfer (EFT) Authorization. Please complete the E-Z Pay Information Section below, providing your primary checking account information.							

E-Z PAY INFORMATION (For PAC Only)

I hereby authorize the Utah Education Association to initiate debit entries to my checking account indicated below and the credit union/bank named below, hereinafter called BANK, to debit the same to such account. I will not hold BANK liable for any erroneous debits made by the UEA.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit No. _____ Account No. _____

(FOUND ON BOTTOM OF CHECK TO THE LEFT OF YOUR ACCOUNT NUMBER)

(ALL OTHER NUMBERS TO THE RIGHT OF BANK TRANSIT NO.)

This Electronic Funds Transfer (EFT) authorization is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to his/her account by BANK up to fifteen (15) days following issuance of statement or forty-five (45) days after the charge, whichever occurs first.

Signature _____ Date _____

Please attach VOIDED CHECK or a copy of a voided check. It will only be used to verify bank or credit union routing and account number and will be kept on file in the UEA Membership Office.

*****U-PAC AND Local PAC** — A suggested minimum \$24 annual contribution to the Utah Education Association Political Action Committee (U-PAC) and a \$6 annual contribution to the Local Political Action Committee (L-PAC) are included here. U-PAC and L-PAC funds are used to help elect friends of education at the state and local levels.

******NEA-FCPE** — The National Education Association Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to The NEA Fund. Contributions to The NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although The NEA Fund requests an annual contribution of \$15, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. Contributions to The NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

Contributions or gifts to The NEA Fund are not deductible as charitable contributions for federal income tax purposes.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

Federal law prohibits The NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

*******CAPITOL CLUB** — Capitol Club members contribute at least \$100.00 annually to help elect public education-friendly candidates to office, with at least \$70.00 being designated to U-PAC. Members receive the exclusive Capitol Club lapel pin, an invitation to a special legislative reception, and early announcements about events that will benefit you as a politically active educator.