

2021-2022 EARLY ENROLLMENT MEMBERSHIP APPLICATION

Canyons/Utah/National Education Associations

Please return this form to your Association Building Leader, send it to the CEA Office through District mail, or mail it to the CEA Office: 5180 S 875 E #2, Murray, Utah 84107



*** THIS FORM IS NOT VALID AFTER JULY 1, 2021 ***

*** THIS IS A TWO-SIDED APPLICATION ***

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) Canyons Education Association					
PREFERRED NAME / NICKNAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> GENDER EXPANSIVE/NON-CONFORMING <input type="checkbox"/> SELF DESCRIBED: _____		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*									
POSITION <input type="checkbox"/> CLASSROOM TEACHER <input type="checkbox"/> INSTRUCTIONAL SPECIALIST <input type="checkbox"/> COUNSELOR (Major Assignment) <input type="checkbox"/> ADMINISTRATOR (Directly Hires, Evaluates, Transfers, Disciplines or Dismisses) <input type="checkbox"/> SPEECH/HEARING THERAPIST <input type="checkbox"/> LIBRARIAN/MEDIA SPEC <input type="checkbox"/> SPECIAL ED <input type="checkbox"/> COACH <input type="checkbox"/> CURRICULUM SPEC <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> OTHER: _____									
Race (Optional)** <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC, LATINO, OR OF SPANISH ORIGIN (ETHNICITY) <input type="checkbox"/> NATIVE AMERICAN/ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SELF IDENTIFY: _____									

- YES! I want to be a 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, 2021, but in no event before April 1, 2021—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits Programs.
- YES! I want to REJOIN.** I am a previous member and wish to rejoin. As a participant in the UEA Early Enrollment Program (UEA EEP), I am eligible to receive—prior to September 1, 2021, but in no event before April 1, 2021—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.

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 20 deductions by payroll		\$ TBD / mo		\$ TBD / 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 paid in full by October 1, 2021		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.					

- YES, to annual Payment Authorization.** As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2021-22 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/UEA EEP 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/UEA EEP prior to September 1, 2021.

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.

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and CEA 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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PACKET

