****2022-2023 EARLY ENROLLMENT

**LOCAL**

**LOGO**

MEMBERSHIP APPLICATION

Canyons/Utah/National Education Associations

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

*UEA Membership, PO Box 57880, Murray, UT 84107- 0880*

**Member #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  SOCIAL SECURITY NUMBER – LAST FOURxxx-xx-\_\_\_ \_\_\_ \_\_\_ \_\_\_ | DISTRICT EMPLOYEE NUMBER | HIRE DATE (MM/DD/YYYY) |  BIRTHDATE (MM/DD/YYYY)  | 🞏 NEW HIRE 🞏 PAST ASPIRING 🞏 INTERN MEMBER |
|  LEGAL NAME *(FIRST, MIDDLE, LAST)* |  LOCAL ASSOCIATION *(SCHOOL DISTRICT)* |
|  PREFERRED NAME / NICKNAME | 🞏FEMALE 🞏MALE🞏GENDER EXPANSIVE/NON-CONFORMING🞏SELF DESCRIBED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  CURRENT SCHOOL/WORK LOCATION  | PREVIOUS MEMBER TRANSFERRED FROM |
| ADDRESS | NONWORK EMAIL 🞏 *PREFERED* |
| CITY | STATE | ZIP | WORK EMAIL 🞏 *PREFERED* |
| CELL PHONE ( )***See reverse side for TCPA\* Consent\**** | SECONDARY PHONE( ) | SUBJECT  | GRADE |
| POSITION *(Major Assignment)* | 🞏 CLASSROOM TEACHER 🞏 INSTRUCTIONAL SPECIALIST 🞏 COUNSELOR 🞏 ADMINISTRATOR *(Directly Hires, Evaluates, Transfers, Disciplines or Dismisses)* 🞏 SPEECH/HEARING THERAPIST 🞏 LIBRARIAN/MEDIA SPEC 🞏 SPECIAL ED 🞏 COACH 🞏 CURRICULUM SPEC 🞏 PSYCHOLOGIST 🞏 OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Race *(Optional)*\*\* | 🞏 WHITE 🞏 ASIAN 🞏 BLACK 🞏 LATIN(O/A/X), HISPANIC, AND CHICAN(O/A/X) 🞏 NATIVE AMERICAN/ALASKA NATIVE 🞏 NATIVE HAWAIIAN/PACIFIC ISLANDER 🞏 MULTI-RACIAL 🞏 UNKNOWN 🞏 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, 2022, but in no event before April 1, 2022—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, 2022, but in no event before April 1, 2022—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** | **PAYROLL DEDUCTION**(20 Payroll Deductions) | **CREDIT CARD/EFT**(10 CC/EFT Deductions) | Children At Risk Foundation(CARF)\*\*\* *(optional)* |
| 🞏 **FULL-TIME** | 🞏 **HALF-TIME** | 🞏 **FULL-TIME** | 🞏 **HALF-TIME** |
| $36 a paycheck | $18.58 a paycheck | $72 a month | $37.15 | $ |
| Dues payments are not deductible as charitable contributions for federal income tax purposes. |
| * 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. |
| * EFT - Electronic Funds Transfer
* Credit Card

***(Enter EFT or Credit Card payment information******on reverse side)*** | 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. *Dues deductions will be on the third day of each month or the next business day if the third falls on the weekend.* |
| * Check/Cash
 | I hereby agree to pay to the UEA annual dues for the current membership year and each year thereafter. |

* **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 2022-23 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, 2022.

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 (3%) 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 Canyons Education Association as my exclusive bargaining agent.

**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 | DATE |  | REFERRED BY  |

**—Please See Information on Reverse Side—** **🞏** **PACKET**

|  |  |
| --- | --- |
| **EFT – ELECTRONIC FUNDS TRANSFER INFORMATION** | **CREDIT CARD INFORMATION** |
| ***Please attach a voided check for checking account.******(No deposit slips)***Name on Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: \_\_\_\_ Checking \_\_\_\_ Savings Bank Routing # (9 digits): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Bank Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name on Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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. I authorize those payments to be made on a recurring basis, payable in monthly installment as set forth above.* *I understand that in the event one or more of the governing bodies of NEA or its affiliates authorizes a change in the amount of annual dues, fees and/or assessment, the UEA or local will notify me by email or home mailing address not less than (10) days in advance of processing any changes to the transactions amount as described in the payment summary. Following notice, I authorize the UEA or local to adjust the amount to be debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule.* *I understand that this authorization for the payment of membership dues, fees and assessments continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any electronic funds transition of recurring credit card payment shall not constitute the termination of my membership in the NEA. I further understand that UEA or the local will notify me in writing if a transaction is rejected and I shall have seven (7) calendar days to provide updated debit account information, or with an accepted alternative method of payment, to continue my payments for annual dues, fees, and assessments. I understand that my decision to no longer pay dues by credit card does not forgive me from my obligation to pay the annual dues amount.*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ |

initial

**\*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.

**\*\*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.



