

2023-2024 MEMBERSHIP APPLICATION

TEA/Utah/National Education Associations
 Please return this form to your Association Representative or send to:
 TEA Office, PO Box 26961, Salt Lake City, UT 84126-0961



Member #: _____

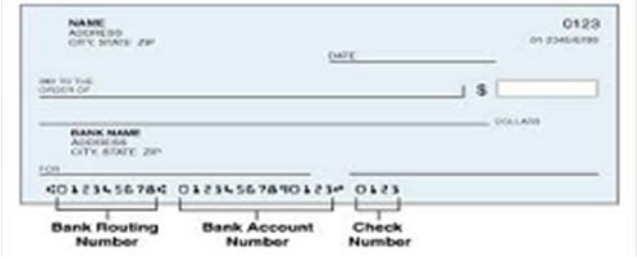
SOCIAL SECURITY NUMBER – LAST FOUR XXX-XX-____		DISTRICT EMPLOYEE NUMBER		HIRE DATE (MM/DD/YYYY)		BIRTHDATE (MM/DD/YYYY)		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST ASPIRING <input type="checkbox"/> INTERN MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)					LOCAL ASSOCIATION (SCHOOL DISTRICT) Tooele Education Association				
PREFERRED NAME / NICKNAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> GENDER EXPANSIVE/NON-CONFORMING <input type="checkbox"/> SELF IDENTIFY: _____		CURRENT SCHOOL/WORK LOCATION			PREVIOUS MEMBER TRANSFERRED FROM		
ADDRESS					NONWORK EMAIL (PREFERRED)				
CITY		STATE		ZIP		WORK EMAIL			
CELL PHONE* ()		SECONDARY PHONE ()		SUBJECT			GRADE		
POSITION (Major Assignment)	<input type="checkbox"/> CLASSROOM TEACHER <input type="checkbox"/> INSTRUCTIONAL SPECIALIST <input type="checkbox"/> COUNSELOR <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"/> LATIN(O/A/X), HISPANIC, AND CHICAN(O/A/X) <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: _____								
MONTHLY DUES DEDUCTION	PAYROLL DEDUCTION (18) Payroll Deductions)			CREDIT CARD/EFT (10) CC/EFT Deductions)		Children At Risk Foundation (CARF)*** (optional)			
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME				
	\$44.66	\$22.97		\$80.40	\$41.35		\$		
Dues payments are not deductible as charitable contributions for federal income tax purposes.									
<input type="checkbox"/> EFT - Electronic Funds Transfer <input type="checkbox"/> 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. <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"/> 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 authorization in a signed writing sent to the Local Association or when my employment with the district ends pursuant to Utah Code 34-32-1.							

***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.

- YES to Membership Commitment** – I want to join with my fellow employees and become a member of the TEA and the Utah Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations. I hereby designate and empower the TEA Association as my exclusive bargaining agent.
- YES to Annual Payment Authorization** – I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts, due on September 1, are subject to periodic change by the governing bodies of the associations but may not exceed three percent (3%) of my monthly salary. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or other arrangements unless I revoke this authorization in a signed writing sent to the local association for which the authorization is set to be cancelled.

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
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EFT – ELECTRONIC FUNDS TRANSFER INFORMATION	CREDIT CARD INFORMATION
<p>Please attach a voided check for checking account. (No deposit slips)</p> <p>Name on Account: _____</p> <p>Billing Address: _____</p> <p>Bank Name: _____</p> <p>Account Type: ___ Checking ___ Savings</p> <p>Bank Routing # (9 digits): _____</p> <p>Bank Account #: _____</p> 	<p>Name on Account: _____</p> <p>Billing Address: _____</p> <p>Credit Card Number: _____</p> <p>Exp. Date ___/___/___ CVV: _____</p> <p>Name as it appears on the card: _____</p> <p><i>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></p> <p><i>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></p> <p><i>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></p> <p>Signature: _____ Date: _____</p>

****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.

TELL US MORE

As an educator, you have a close-up view of the opportunities and challenges facing our schools. These questions will help us collectively win for our students and provide you with the tools you need to succeed as an educator.

1. What year did you enter the profession? (YYYY) _____

2. Your union provides training, support, and tools to ensure your success. What would you like to learn more about?

- Building relationships and meeting students' social-emotional needs
 Family and community engagement
 Instructional and classroom strategies
 Health and safety
 Social justice and racial equity
 Technology
 Reducing student debt
 Saving money with NEA Member Benefits

3. When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in)

- | | | |
|--|--|--|
| <input type="checkbox"/> Membership, Leadership & Advocacy
<small>Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role.</small> | <input type="checkbox"/> Collective Action
<small>Helping get the word out about bargaining, meet & confer, or other workplace actions.</small> | <input type="checkbox"/> Leading Our Professions
<small>Supporting members to grow in their professional practices.</small> |
| <input type="checkbox"/> Political Activism
<small>Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.</small> | <input type="checkbox"/> School Funding & Education Policy
<small>Working to increase education funding at my school, district, and state.</small> | <input type="checkbox"/> Thinking About It...
<small>I'm not ready to volunteer right now but I'm looking forward to staying informed.</small> |