

2023-2024 EARLY ENROLLMENT MEMBERSHIP APPLICATION

SLEA /Utah/National Education Associations

Please return this form to your Association Representative or send to:
SLEA Membership, 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) Salt Lake 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 (PREFERRED)					
CITY		STATE		ZIP		WORK EMAIL			
CELL PHONE () ()		SECONDARY PHONE () ()		SUBJECT				GRADE	
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"/> 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: _____									

YES to Membership Commitment 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, 2023, but in no event before April 1, 2023—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA and UEA Member Benefits Programs—except for NEA/UEA ULSP legal services which are only available to active members before April 1, 2023.

MONTHLY DUES DEDUCTION	EFT/CREDIT CARD (10 EFT/CC Deductions)		PAYROLL DEDUCTION (20 Payroll 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	
	\$85.10	\$43.70	\$42.55	\$21.85	\$

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 <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"/> 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.

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 2023-24 membership year in accordance with established payment procedures. I understand my obligation to pay those annual dues obligation regardless of my membership status, and that if I fail to pay those amounts, my eligibility to receive benefits under the NEA EEL Program 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 prior to September 1, 2023.

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and SLEA 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 Salt Lake Education Association as my exclusive bargaining agent.

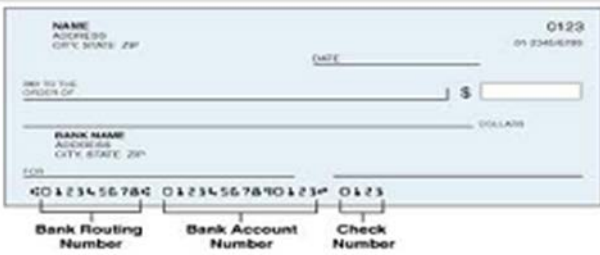
I UNDERSTAND THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

MEMBER'S SIGNATURE	DATE	REFERRED BY
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—Please See Information on Reverse Side—

PACKET

For a complimentary SLEA t-shirt circle your size **S, M, L, XL, 2X, 3X, 4X, 5X**

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 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.</i></p> <p>Signature: _____ Date: _____</p>

***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.

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
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. | <input type="checkbox"/> Collective Action
Helping get the word out about bargaining, meet & confer, or other workplace actions. | <input type="checkbox"/> Leading Our Professions
Supporting members to grow in their professional practices. |
| <input type="checkbox"/> Political Activism
Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House. | <input type="checkbox"/> School Funding & Education Policy
Working to increase education funding at my school, district, and state. | <input type="checkbox"/> Thinking About it...
I'm not ready to volunteer right now but I'm looking forward to staying informed. |