

**2021-2022 SLEA/Utah/National Education Associations**

**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 <input type="checkbox"/> ASPIRING <input type="checkbox"/> MEMBER <input type="checkbox"/> INTERN <input type="checkbox"/> MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)					LOCAL ASSOCIATION (SCHOOL DISTRICT) <b>Salt Lake Education Association</b>				
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		
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: _____							
<b>DUES DEDUCTION</b> *(based on method of payment and how many deductions allowed)		<b>PAYROLL DEDUCTION</b> *20 Payroll Deductions			<b>CREDIT CARD/EFT</b> *10 CC/EFT Deductions			Children At Risk Foundation (CARF)*** (optional)	
		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> % TIME	<input type="checkbox"/> HALF-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> % TIME	<input type="checkbox"/> HALF-TIME		
		\$40.85	Based on FTE% (ranges between) \$40.84 – \$21.06	\$21.05	\$81.70	Based on FTE% (ranges between) \$81.69 - \$42.11	\$42.10	\$	
Dues payments are not deductible as charitable contributions for federal income tax purposes.									
<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.							
<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. Dues deductions will be on the third day of each month or the next business day if the third falls on the weekend.							

**\*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 Salt Lake Education Association, 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 Salt Lake Education 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
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REFERRED BY
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—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: \_\_\_\_\_

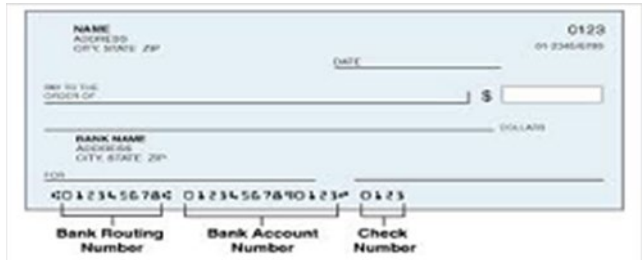
Billing Address: \_\_\_\_\_

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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*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.

**1) What year did you enter the profession?**

(YYYY)

**2) I am:**

- Already a member
- Transferring from another school district
- Joining the Association today
- I would like more information about membership

**3) Your association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?**

- Classroom management (e.g. student behavior, relationships with students)
- Lesson planning
- Working with mentors/coaches
- Working with families
- Collaborating with administrators and colleagues
- Unpacking professional expectations (e.g. Evaluations, observations)

**4) Your association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?**

- Social and racial justice
- Meeting the needs of students in poverty
- Family and community engagement
- Fully funded schools
- Education policy—Contributing to critical decisions affecting my students, school, and district
- Political advocacy—Supporting education policies to ensure all students have opportunities to succeed

**5) Your association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?**

- Salary
- Educator Rights & Responsibilities
- Health Care Benefits
- Pensions and Retirement Security
- Student Debt and/or Finances
- Stretching Your Paycheck
- Working Conditions