



JOIN TODAY

TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

CEA / NEA MEMBERSHIP FORM

September 1, 2018 - August 31, 2019



Great Public Schools for Every Student

PRINT, USE PEN

Last 4 of Social Security # _____ (this is CONFIDENTIAL / not sold or used outside of CEANEA)

Local Association: _____ School/Worksite: _____

First Name _____ MI _____ Last Name _____

Mailing Address _____ City _____ Zip Code: _____

Cell Phone _____ Home Phone _____

Personal Email _____ Date of Birth: (month) _____ (day) _____ (year) _____

Ethnicity: _____ Gender: _____ US Citizen: Yes No (see #4 on back of form)

Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

MEMBERSHIP TYPE: Full-time Part-time or less (see #5 on back of form)

- Active K-12 Teacher or College Faculty and Transitional Retiree Principal / Assistant Principal
- Active Education Support Professional (ESP) Substitute Other: _____

POSITION: _____ SUBJECT: _____

Check here for CEA First-Year Reduced Dues (This is the first year you have ever been employed by any public school district in the US.)

PAYMENT: Payroll Deduction Check/Credit Card Electronic Funds Transfer (EFT) separate form required

I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA – as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local association's or state's governing documents. I also authorize modifications of the associations' dues. (see #1 on back of form)

MEMBER SIGNATURE (required) _____ DATE (required) _____

ASSOCIATION REP NAME and WORK SITE (please print) _____

The Colorado Education Association works collectively to provide the best public education for every student.

Annual Dues	
NEA	\$ _____
CEA	\$ _____
Local	\$ _____
UniServ	\$ _____
Total	\$ _____
Per Month	\$ _____
Contact local for dues	

1500 Grant St., Denver, CO 80203 | 303-837-1500 | 800-332-5939 | coloradoea.org | nea.org

**CONTINUING SALARY DEDUCTION AUTHORIZATION
ST. VRAIN VALLEY EDUCATION ASSOCIATION (SVVEA) &
ST. VRAIN VALLEY SCHOOL DISTRICT RE-1J**

You are hereby authorized to deduct from my salary the annual dues of the St. Vrain Valley Education Association (SVVEA) and its affiliates, the Colorado and National Education Associations, in the manner approved by the Board of Education and in the amount certified by SVVEA. I reserve the privilege of withdrawing this authorization for future years by submitting a written request to SVVEA at any time between June 15 and July 15. In the event of the termination of my membership, I agree that any unpaid dues will be withheld from my final payroll check for the year in which my membership is terminated. I hereby waive all rights and claims for said monies so deducted and transmitted in accordance with this authorization and I release the SVVEA and the Board of Education and all their officers and employees from any liability resulting from their reliance upon this request.

PRINT: YOUR NAME _____ EMPLOYEE # _____

SCHOOL _____ TODAY'S DATE _____

HOME ADDRESS _____ CITY _____

ZIP CODE _____ SIGNATURE _____