

Colorado Education Association • National Education Association  
Membership Form & Dues Deduction Authorization

September 1, 2017 - August 31, 2018

1500 Grant St., Denver, CO 80203-1800 | 303-837-1500 | 800-332-5939 | coloradocae.org | nea.org

PRINT, USE PEN

Last 4 of Social Security # \_\_\_\_\_ (This is your CONFIDENTIAL/member i.d. only/not sold or used outside of CEA-NEA)

Local Association \_\_\_\_\_ School/Worksite \_\_\_\_\_

First Name \_\_\_\_\_ Middle I \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_

Ethnicity  American Indian/Alaska Native  Asian  Black  Caucasian not of Hispanic/Latino Origin  Hispanic  
 Multi-Ethnic  Native Hawaiian/Pacific Islander  Other  Unknown

Gender  M  F Birthdate (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ U.S. Citizen  Yes  No (see #3, back of form)

Registered Voter  Yes  No

Political Affiliation  Republican  Democrat  Independent (unaffiliated)  Other

Full-time employment  Half-time or less  One-quarter or less (applies only to NEA dues)

Membership Type (check one)

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

Subject (check one)

General Subjects  Foreign Languages  General Science  Biology  Physical Education/Health/Coach  
 Language Arts  Early Childhood  Math  Chemistry  Computers/Computer Science  
 Social Studies  Special Education  History  Art  Other \_\_\_\_\_

Position (check one)

Bus Driver/Mechanic  Food Services  Physical Therapist  Social Worker  
 Classroom Teacher  Health & Student Services  Principal/Asst. Principal  Speech/Hearing Therapist  
 College University/Faculty  Librarian/Media Specialist  Psychologist  Paraeducator (Instructional/Non-Instructional)  
 Counselor  Technician  Secretary  Building/Grounds/Maintenance/Repairs  
 Other \_\_\_\_\_

Check for CEA First-Year Reduced Dues because this is the first year you have ever been employed by any public school district in the U.S.

Payment (check one)  Payroll Deduction  Check or Credit Card (full dues amount required)  
 Electronic Funds Transfer (separate form required)

I hereby authorize the continuing payment or dues deduction of unified dues (Local affiliate, CEA, NEA, UniServ – as applicable) unless I revoke this authorization in writing to my Local Association in accordance with my Local Association's governing documents. I also authorize modifications of the associations' dues as described in #1 on the back of this form.

Annual Dues 2017-18	
NEA	\$ _____
CEA	\$ _____
Local	\$ _____
UniServ	\$ _____
Total	\$ _____
Per Month	\$ _____

Contact Local for dues amounts.

MEMBER'S SIGNATURE \_\_\_\_\_

DATE (REQUIRED) \_\_\_\_\_

(ASSN REP NAME AND SITE - PLEASE PRINT)



CONTINUING SALARY DEDUCTION AUTHORIZATION  
ST. VRAIN VALLEY EDUCATION SUPPORT PROFESSIONALS &  
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 Support Professionals (SVESP) and its affiliates, the Colorado and National Education Associations, in the manner approved by the Board of Education and in the amount certified by SVESP. I reserve the privilege of withdrawing this authorization for future years by submitting a written request to SVESP 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 SVEA 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 \_\_\_\_\_