



2017-2018 MEMBERSHIP APPLICATION

Granite/Utah/National Education Associations

Please return this form to your Association Representative or send to:
 GEA Membership, 875 E. 5180 S., Suite 1, Murray, UT 84107

LAST 4 DIGITS SOCIAL SECURITY NUMBER XXX-XX-		DATE OF BIRTH (MMDDYY)		HIRE DATE		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST STUDENT MEMBER <input type="checkbox"/> INTERN	
LEGAL NAME (FIRST, MIDDLE, LAST)				LOCAL ASSOCIATION (SCHOOL DISTRICT) GRANITE			
PREFERRED NAME / NICKNAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		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 <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Coach <input type="checkbox"/> Counselor <input type="checkbox"/> Related Servers <input type="checkbox"/> Librarian/Media Spec <input type="checkbox"/> Special/Development Ed (Major Assignment) <input type="checkbox"/> Reading Spec <input type="checkbox"/> Curriculum Spec <input type="checkbox"/> Administrator (directly hires, evaluates, transfers, disciplines or dismisses) <input type="checkbox"/> Other _____							
ETHNIC GROUP (Optional)** <input type="checkbox"/> Caucasian (not of Hispanic origin) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Unknown <input type="checkbox"/> Other							

MONTHLY DUES DEDUCTION	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME
(20 deductions by Payroll) September - June	\$ 30.70 / per check	\$ 15.93 / per check

<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 10 Months <input type="checkbox"/> Full-Time \$61.40 <input type="checkbox"/> Half-Time \$31.85 <i>(Enter EFT 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 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>

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and GEA 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 of my monthly salary; (4) dues may be paid monthly, however, the financial obligation for membership is an annual fee; (5) Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction; and (6) I hereby designate and empower the Granite Education Association as my exclusive bargaining agent.

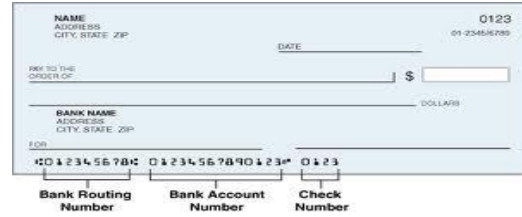
MEMBER'S SIGNATURE	DATE	REFERRED BY
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PACKET

—Please See Information on Reverse Side—

EFT – ELECTRONIC FUNDS TRANSFER INFORMATION

Bank Name: _____
Account Type: ___ Checking ___ Savings
Bank Routing # (9 digits): _____
Bank Account #: _____



Please attach a voided check for checking account. (No deposit slips)

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. This is to remain in full force and effect until the UEA or its designated local has received written notification from me of its termination in such time and in such manner as to afford the UEA or its designated local a reasonable opportunity to act on it.

Signature: _____ Date: _____

***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.

****Ethnic Group** – Ethnic Minority 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.