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2019-2020 EARLY ENROLLMENT

MEMBERSHIP APPLICATION

Granite/Utah/National Education Associations

*Please return this form to your Association Representative or send to:*

*GEA, 875 E. 5180 S., #1, Murray, UT 84107*

**LOCAL**

**LOGO**

**Member #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  SOCIAL SECURITY NUMBER – LAST FOURxxx-xx-\_\_\_ \_\_\_ \_\_\_ \_\_\_ | DISTRICT EMPLOYEE NUMBER | HIRE DATE (MM/DD/YYYY) |  BIRTHDATE (MM/DD/YYYY)  | 🞏 NEW HIRE 🞏 PAST STUDENT 🞏 INTERN MEMBER |
|  LEGAL NAME *(FIRST, MIDDLE, LAST)* |  LOCAL ASSOCIATION *(SCHOOL DISTRICT)***Granite** |
|  PREFERRED NAME / NICKNAME | 🞏 FEMALE 🞏 MALE |  CURRENT SCHOOL/WORK LOCATION  | PREVIOUS MEMBER TRANSFERRED FROM |
| ADDRESS | NONWORK EMAIL 🞏 *PREFERED* |
| CITY | STATE | ZIP | WORK EMAIL 🞏 *PREFERED* |
| CELL PHONE ( )*See reverse side for TCPA Consent\** | SECONDARY PHONE( ) | SUBJECT  | GRADE |
| POSITION *(Major Assignment)* | 🞏 Classroom Teacher 🞏 Coach 🞏 Counselor 🞏 Related Servers 🞏 Librarian/Media Spec 🞏 Principal/Asst. Principal 🞏 Reading Spec 🞏 Curriculum Spec 🞏 Administrator *(directly hires, evaluates, transfers, disciplines or dismisses)* 🞏 Special/Development Ed 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ETHNIC GROUP *(Optional)*\*\* | 🞏 Caucasian *(not of Hispanic origin)* 🞏 Asian 🞏 Black 🞏 Hispanic 🞏 Native American/Alaska Native 🞏 Native Hawaiian/Pacific Islander 🞏 Multi-Ethnic 🞏 Unknown 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* **NEW MEMBER.** As a participant in the Granite/Utah/National Education Association Early Enrollment Membership Incentive Plan *(referred to as NEA EEL)*, I am eligible to receive – prior to September 1, 2019, but in no event before April 1, 2019 – benefits under the NEA Educators Employment Liability (*EEL)* Program, as well as access to select NEA Member Benefits programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified **Active** membership dues for the 2019-20 membership year in accordance with established payment procedures. Should I fail to do so, 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, 2019.
* **PREVIOUS MEMBER REJOINING.** As a participant in the UEA Early Enrollment Program *(UEA EEP)*, I am eligible to receive – prior to September 1, 2019, but in no event before April 1, 2019 – certain benefits normally available only to regular dues-paying members of the Association, including limited coverage by the UEA for civil and criminal liability. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2019-2020 membership year in accordance with the regular payment procedures established by the UEA. Should I fail to do so, my eligibility to receive *UEA EEP* benefits shall immediately terminate. In addition, I shall be liable for the cost of any benefits or services that were provided to me, under the *UEA EEP,* prior to September 1, 2019.

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| **MONTHLY DUES DEDUCTION** | 🞏 **FULL-TIME** | 🞏 **HALF-TIME** |  |
| *(20 deductions by payroll or 10 deductions by EFT)* | $ / mo | $ / mo |  |
| Dues payments (or a portion) are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as a miscellaneous itemized deduction. |

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| --- | --- |
| * 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. |
| * EFT - Electronic Funds Transfer

***(Enter EFT 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 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.* |

**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 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 Granite Education Association as my exclusive bargaining agent.**

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| MEMBER’S SIGNATURE | DATE |  | REFERRED BY  |

*—Please See Information on Reverse Side—*  **🞏** **PACKET**



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 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.