



## 2018-2019 EARLY ENROLLMENT MEMBERSHIP APPLICATION

**Granite/Utah/National Education Associations**

*Please return this form to your Association Representative or send to:  
GEA, 875 East 5180 South, Suite 1, Murray, UT 84107*

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

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) <b>GRANITE</b>			
PREFERRED NAME / NICKNAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		SCHOOL/WORK LOCATION			
ADDRESS				PREVIOUS MEMBER TRANSFERRED FROM			
CITY		STATE		ZIP		PRIMARY EMAIL <input type="checkbox"/> Work <input type="checkbox"/> Personal	
PRIMARY PHONE <input type="checkbox"/> Cell <input type="checkbox"/> Home ( ) ( )		SECONDARY PHONE <input type="checkbox"/> Cell <input type="checkbox"/> Home ( ) ( )		SECONDARY EMAIL <input type="checkbox"/> Work <input type="checkbox"/> Personal			
POSITION <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Coach <input type="checkbox"/> Counselor <input type="checkbox"/> Related Servers <input type="checkbox"/> STS/LMETS (Major Assignment) <input type="checkbox"/> Specialist <input type="checkbox"/> Administrator <input type="checkbox"/> Special Ed <input type="checkbox"/> Other _____							
SUBJECT/ GRADE				LEVEL <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary			
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 _____							

- NEW MEMBER.** As a participant in the Granite/Utah/National Education Association Early Enrollment Membership Incentive Plan (*NEA EEL*), I am eligible to receive – prior to September 1, 2018, but in no event before April 1, 2018 – benefits under the NEA Educators Employment Liability (*NEA 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 2018-2019 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, 2018.
- PREVIOUS MEMBER REJOINING.** As a participant in the UEA Early Enrollment Program (*UEA EEP*), I am eligible to receive – prior to September 1, 2018, but in no event before April 1, 2018 – 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 2018-2019 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, 2018.

<b>MONTHLY DUES DEDUCTION</b>	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME	
(10 deductions by EFT or 20 deductions by payroll)	\$ / mo	\$ / mo	

**By signing this application I understand and agree: (1) membership is annual beginning September 1; (2) membership is for an entire year and automatically renews annually thereafter; and (3) membership dues may change from year to year but may not exceed 3 percent of my monthly salary. 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.**

<input type="checkbox"/> EFT - Electronic Funds Transfer  <i>(Enter EFT payment information on other 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 3<sup>rd</sup> day of each month or the next business day if the 3<sup>rd</sup> falls on the weekend.</i>
<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.

**I hereby designate and empower the local association as my exclusive bargaining agent.**

MEMBER'S SIGNATURE	DATE	RECRUITER
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—Please See Information on Reverse Side—

PACKET

## EFT – ELECTRONIC FUNDS TRANSFER INFORMATION

I hereby authorize the Utah Education Association to initiate debit entries to my checking account indicated below and the credit union/bank named below to debit the same to such account. I will not hold said credit union/bank liable for any erroneous debits made by the UEA.

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: \_\_\_\_\_

The diagram shows a check with the following fields and labels:

- NAME**, **ADDRESS**, **CITY, STATE, ZIP** (top left)
- DATE** (top right)
- 0123** (top right)
- 01 23456789** (top right)
- PAY TO THE ORDER OF:** (middle left)
- \$** (middle right)
- BANK NAME**, **ADDRESS**, **CITY, STATE, ZIP** (bottom left)
- FOR** (bottom left)
- 012345678901234** (bottom left)
- 012345678901234** (bottom middle)
- 0123** (bottom right)
- Bank Routing Number** (label below first number)
- Bank Account Number** (label below second number)
- Check Number** (label below third number)

**\*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.