



# 2020-2021 MEMBERSHIP APPLICATION

Granite /Utah/National Education Associations  
Please return this form to your Association Representative or send to:  
Granite Education Association, 875 E. 5180 S. Ste.1, Murray, UT 84107

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

SOCIAL SECURITY NUMBER – LAST FOUR XXX-XX-_____		DISTRICT EMPLOYEE NUMBER		HIRE DATE (MM/DD/YYYY)		BIRTHDATE (MM/DD/YYYY)		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST ASPIRING <input type="checkbox"/> INTERN <input type="checkbox"/> MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)				LOCAL ASSOCIATION (SCHOOL DISTRICT) Granite Education Association					
PREFERRED NAME / NICKNAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> GENDER EXPANSIVE/NON-CONFORMING <input type="checkbox"/> SELF DESCRIBED: _____		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 (Major Assignment)		<input type="checkbox"/> CLASSROOM TEACHER <input type="checkbox"/> INSTRUCTIONAL SPECIALIST <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ADMINISTRATOR (Directly Hires, Evaluates, Transfers, Disciplines or Dismisses) <input type="checkbox"/> SPEECH/HEARING THERAPIST <input type="checkbox"/> LIBRARIAN/MEDIA SPEC <input type="checkbox"/> SPECIAL ED <input type="checkbox"/> COACH <input type="checkbox"/> CURRICULUM SPEC <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> OTHER: _____							
RACE (Optional)**		<input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC, LATINO, OR OF SPANISH ORIGIN (ETHNICITY) <input type="checkbox"/> NATIVE AMERICAN/ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SELF IDENTIFY: _____							
MONTHLY DUES DEDUCTION				<input type="checkbox"/> FULL-TIME			<input type="checkbox"/> HALF-TIME		
(20 deductions by payroll)				\$    / per check			\$    / per check		
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.									
<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.					

\*\*Race and Ethnicity – Race and Ethnicity 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.

**\*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 Granite Education 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 Granite Education 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.

- YES, to Membership Commitment** – I want to join with my fellow employees and become a member of the Granite Education Association, the Utah Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations. I hereby designate and empower the Granite Education Association as my exclusive bargaining agent.
- YES to Annual Payment Authorization** – I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts, due on September 1 are subject to periodic change by the governing bodies of the associations but may not exceed three percent (3%) of my monthly salary. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or other arrangements unless I revoke this authorization in a signed writing sent to the local association for which the authorization is set to be cancelled.

**I UNDERSTAND THAT DIGITALLY SIGNING THIS DOCUMENT CONSTITUTES A LEGAL DIGITAL SIGNATURE CONFIRMING MY UNDERSTANDING AND AGREEMENT TO ALL OF THE TERMS ABOVE, AND MY CONSENT TO ENGAGING IN THIS TRANSACTION BY ELECTRONIC MEANS.**

MEMBER'S SIGNATURE	DATE
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REFERRED BY
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PACKET