

2009-2010 MEMBERSHIP FORM
Arizona Education Association • National Education Association
345 East Palm Lane, Phoenix, AZ 85004-1500
602-264-1774 • 800-352-5411 • www.arizonaeducation.org

Sample

Employee ID # _____

Social Security Number _____

Name Juan M. Doe

Address 333. N. Your Street

City Tucson State AZ ZIP 85733

Home E-mail juan@home.com

Work E-mail juan@pima.edu

Home Phone (333) 333-3333

Work Phone (520) 206-3333

Cell Phone _____

Date of Birth 3/3/1933 Male Female

We recommend you use your A-number

ETHNIC GROUP

American Indian/Alaska Native

Asian

Black

Caucasian (not of Hispanic or Latino ancestry)

Hispanic

Political and ethnic information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, AEA or any other affiliates. This information will be kept confidential.

DUES-TAB® INSURANCE

Free life insurance and accidental death and dismemberment coverage for eligible members. New members need to designate a beneficiary at www.neamb.com/catalog/duesstab or call 800-337-4636.

VOTER INFORMATION

Are you a registered voter? Yes No

Democrat Independent Other

Republican No party Unknown

With full knowledge and understanding, I authorize my employer to deduct from my dues as revised authorization as for any reason, except this authorization.

Annual membership dues for the Higher Education category. As part of membership of the Association, the Revenue Reporting expenses (payments are not deductible as union dues) may be deducted as union dues reporting expenses of member's category of membership.

The NEA Fund for Education is a voluntary fund used to elect friends of education to lobby on behalf of education. Whether or not you are a member of NEA, AEA, or your local Association, you are invited to contribute to the fund. Contributions are not deductible as charitable contributions. Please indicate the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

BEFORE YOU SIGN!
Make four copies of your completed application and sign each copy. Keep one copy for your records and send the other three copies to the Membership Coordinator.
See pccea.org for name of current Membership Coordinator.

Local Association PCCEA

Building Name West Campus

Employer/District Pima Community College

Full-time Part-time

If part-time, average number of hours worked per day: _____

Check all that apply Certified Classified

Student NEA member last year

DUES

Annual Dues (NEA, AEA, Local)	PAC	NEA \$	AEA \$	Local \$
AEA Foundation				
Education Improvement Fund				
TOTAL			<u>\$527⁰⁰</u>	

PAYMENT METHOD

Check Payroll Deduction

Credit Card (check one): MC VISA

Expiration Date _____ Card # _____

Card Signature Only _____

Choose your preferred method of payment. Payroll deduction is \$26.35 per paycheck for twenty paychecks.

POSITION

Teacher

Subject Area: _____

Librarian

Counselor

Support Professional

Position: _____

Other: _____

Choose the option that best describes your position. You can choose only one.

Member's Signature _____

Date _____

Enroller's Name (Please Print) _____

Date _____

OFFICE USE ONLY

DATE ENTERED _____