

EARLY ENROLLMENT FORM • 2011-2012 SCHOOL YEAR



**Arizona Education Association
National Education Association**
345 East Palm Lane, Phoenix, AZ 85004-1532
602-264-1774 • 800-352-5411 • www.arizonaaea.org



Employee ID Number _____
 Social Security Number _____
 Name _____
First Middle Last
 Address _____
 City _____ State _____ ZIP _____
 Home E-mail _____
 Work E-mail _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Date of Birth _____ Male Female

We do not sell or distribute addresses.

ETHNIC GROUP

American Indian/Alaska Native Multi-ethnic
 Asian Native Hawaiian/Pacific Islander
 Black Other
 Caucasian (not of Hispanic origin) Unknown
 Hispanic

NEA COMPLIMENTARY LIFE INSURANCESM

Free life insurance and accidental death and dismemberment coverage for eligible members. New members need to designate a beneficiary at www.neamb.com/home/1199_881.htm or call 800-637-4636.

VOTER INFORMATION

Are you a registered voter? Yes No
 Democrat Republican Independent
 No party Other Unknown

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. The Revenue Reconciliation Act of 1993 has eliminated the individual federal income tax deduction for lobbying expenses paid or incurred as a part of membership dues on or after December 31, 1993. This change will affect only those members who itemize deductions and meet the two percent required for additional miscellaneous deductions. Those members will not be able to deduct as union dues 2.04 percent of their AEA 2011-2012 dues. This is the percentage attributable to lobbying expenses on the state and national level. The exact dollar amount will vary depending on each member's category of membership.

As a participant in the Arizona Education Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2011, but in no event before April 1, 2011—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA and AEA Member Benefits programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2011-12 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 and AEA member benefits prior to September 1, 2011.

With full knowledge of the above, I hereby agree to pay cash for, or authorize my employer to deduct from my salary, in accordance with the agreed upon payroll deduction procedure, my membership dues as revised annually and as revised each membership year thereafter, provided that I may revoke this authorization as of September 1 of any year by giving written notice to that effect on or before that date. If for any reason, excepting my death, my employment or membership is terminated, amounts still owing under this authorization shall be deducted from final pay due.

I understand that of the Arizona state dues \$5.20 is for a subscription to the *AEA Advocate* for one year and that annual membership dues to the NEA includes \$5.65 for *NEA Today*, \$3.40 for *Tomorrow's Teachers*, \$3.40 for *This Active Life*, and \$5.60 for Higher Education publications. Publications received by members are based on membership category.

Local Association _____
 Building Name _____
 Employer/District _____
 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

ANNUAL DUES

Annual Dues (NEA, AEA, Local)	_____
AEA Foundation	_____
PAC (NEA, AEA, Local)	_____
Education Improvement Fund	_____
TOTAL	_____

EVERY MEMBER OPTION

AEA annual dues include an assessment, called the Every Member Option (EMO), in the amount of \$12, which impacts all active-certified and active-educational support members working one-half time or more. AEA-Retired members and those active-certified and active-educational support professional members working less than one-half time shall have an EMO rate of \$6.

Monies collected through the EMO assessment shall be divided \$5 for AEA Foundation for Teaching and Learning, \$4 for AEA Fund for Public Education, and \$3 for the AEA Education Improvement Fund. Monies collected through the EMO assessment for those members paying the \$6 amount shall be divided \$2.50 for AEA Foundation for Teaching and Learning, \$2 for AEA Fund for Public Education, and \$1.50 for AEA Education Improvement Fund.

Refund Procedure

New members desiring a refund from EMO may request a Refund Request Form by calling 800-352-5411. The member must mail the Refund Request Form to Member-ship postmarked or hand delivered within thirty (30) days of signing this application form. The Arizona Education Association will mail a refund check after receipt of the Refund Request Form.

PAYMENT METHOD

Check Payroll Deduct EFT
 Credit Card (check one): MC Visa
 Expiration Date _____ Card # _____
 Card Signature Only _____

POSITION

Teacher
 Subject Area _____
 Librarian
 Counselor
 Support Professional, Position _____
 Other _____

Member's Signature _____

Date _____

Recruiter Name (Please Print) _____

Date _____

OFFICE USE ONLY Date Entered _____