



2015-2016 MEMBERSHIP APPLICATION

Alpine/Utah/National Education Associations

Please return this form to your Association Representative or send to:
ALPINE UNISERV 39 S. 400 W., OREM, UT 84058

Member #: _____

SOCIAL SECURITY NUMBER		DATE OF BIRTH (MMDDYY)		HIRE DATE		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST STUDENT MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)				LOCAL ASSOCIATION (SCHOOL DISTRICT)			
PREFERRED NAME / NICKNAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		SCHOOL/WORK LOCATION			
ADDRESS				PREVIOUS MEMBER TRANSFERRED FROM		DEGREE RECEIVED 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"/> Librarian/Media Spec <input type="checkbox"/> Principal/Asst. Principal (Major Assignment) <input type="checkbox"/> Reading Spec <input type="checkbox"/> Curriculum Spec <input type="checkbox"/> Administrator (directly hires, evaluates, transfers, disciplines or dismisses) <input type="checkbox"/> Special/Development Ed <input type="checkbox"/> Other _____							
SUBJECT AND/OR GRADE				LEVEL <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Year Round: Track _____			
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 _____							
REASONS FOR JOINING <input type="checkbox"/> Association-Sponsored Professional Development Training <input type="checkbox"/> Association/Building Rep. <input type="checkbox"/> Other Colleague <input type="checkbox"/> New Teacher Orientation <input type="checkbox"/> Liability Coverage <input type="checkbox"/> Pay, Benefits and/or Working Conditions <input type="checkbox"/> Other _____							

MONTHLY DUES DEDUCTION	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME	Children at Risk Foundation (CARF)** (optional)
<i>Refer to prorated dues schedule at www.alpineuniserv.org (10 deductions by EFT/Credit Card or 12 deductions by payroll)</i>	\$ / mo	\$ / 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 <input type="checkbox"/> Credit Card <i>(Enter EFT or Credit Card 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 or Credit Card 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 3rd day of each month or the next business day if the 3rd falls on the weekend.</i>
<input type="checkbox"/> Check/Cash.	I hereby agree to pay to the UEA annual dues for the current membership year and each year thereafter.
<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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PACKET

—Please See Information on Reverse Side—

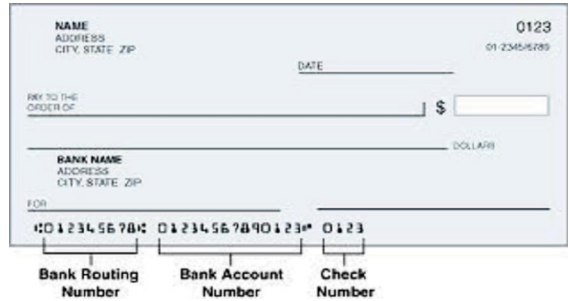
EFT – ELECTRONIC FUNDS TRANSFER INFORMATION

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: _____

CREDIT CARD INFORMATION

I wish to use a credit card for my E-Z Pay method for dues deductions. My credit card information is:

Credit Card Number (AM, VI, MC, DC): _____
 Expiration Date: _____
 Security (CCV) Code: _____
 Name as it appears on the card: _____
 Billing address: _____
 City, state and zip: _____

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Signature _____ Date _____

***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.

****CHILDREN AT RISK FOUNDATION (CARF)** -- CARF is a non-profit foundation whose aim is to improve education, health and opportunities of at-risk students. A voluntary contribution to the Children at Risk Foundation of \$1.00 is suggested.