



# 2014-2015 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				SCHOOL/WORK LOCATION			
ADDRESS				PREVIOUS MEMBER TRANSFERRED FROM			
CITY		STATE	ZIP	PRIMARY EMAIL <input type="checkbox"/> Work <input type="checkbox"/> Personal			
PRIMARY PHONE (including Area Code) <input type="checkbox"/> Cell <input type="checkbox"/> Home		SECONDARY PHONE (including Area Code) <input type="checkbox"/> Cell <input type="checkbox"/> Home		SECONDARY EMAIL <input type="checkbox"/> Work <input type="checkbox"/> Personal			
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		REGISTERED VOTER (Optional) <input type="checkbox"/> YES <input type="checkbox"/> NO		POLITICAL PARTY (Optional) <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> No Party			
POSITION (Major Assignment) <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 <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			GRADE	LEVEL <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Year Round: Track _____			
ETHNIC GROUP (Optional)* <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other <input type="checkbox"/> Unknown							

MONTHLY DUES DEDUCTION	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME
Total Monthly Member Dues (10 deductions if EFT or CC) (12 deductions if Payroll)	\$ / mo	\$ / mo
Children at Risk Foundation (CARF)**	\$ / 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.

- EFT - Electronic Funds Transfer** (Enter payment information on other side) 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 E-Z Pay. I may revoke this dues deduction authorization by submitting a written directive to the UEA or its designated local. 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.
- Credit Card** (Enter payment information on other side) 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 Credit Card. I may revoke this dues deduction authorization by submitting a written directive to the UEA or its designated local. 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.
- Check/Cash.** I hereby agree to pay to the UEA annual dues for the current membership year and each year thereafter.
- 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—

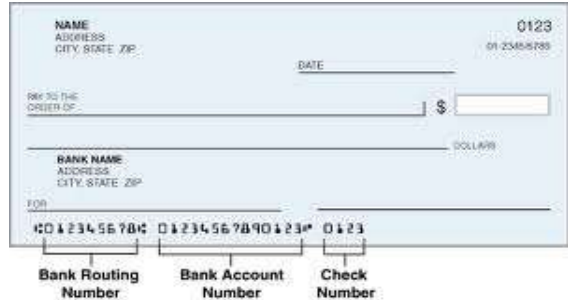
**EFT – ELECTRONIC FUNDS TRANSFER INFORMATION**

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: \_\_\_\_\_

*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 \_\_\_\_\_

**\*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.