

# 2024-2025 EARLY ENROLLMENT MEMBERSHIP APPLICATION

## Alpine/Utah/National Education Associations

Please return this form to your Association Representative or send to:  
Westlake High School Attn: Mike Gowans or  
mail to AEA Membership, 557 W. Center Street Pleasant Grove, UT 84062



Member #: (office use only) \_\_\_\_\_

**\*\*\* THIS FORM NOT VALID AFTER JULY 1, 2024 \*\*\***

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 MEMBER <input type="checkbox"/> INTERN	
LEGAL NAME (FIRST, MIDDLE, LAST)				LOCAL ASSOCIATION (SCHOOL DISTRICT) <b>AEA / ALPINE</b>					
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 (PREFERED)					
CITY		STATE		ZIP		WORK EMAIL			
CELL PHONE ( ) ( )		SECONDARY PHONE ( ) ( )		SUBJECT				GRADE	
POSITION <input type="checkbox"/> CLASSROOM TEACHER <input type="checkbox"/> INSTRUCTIONAL SPECIALIST <input type="checkbox"/> COUNSELOR (Major Assignment) <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"/> LATIN(O/A/X), HISPANIC, AND CHICAN(O/A/X) <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: _____									

**YES to Membership Commitment** As a participant in the local association, Utah Education Association and National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2024, but in no event before April 1, 2024—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA and UEA Member Benefits Programs—except for NEA/UEA ULSP legal services which are only available to active members after September 1, 2024.

MONTHLY DUES DEDUCTION	<b>EFT/ACH by AEA</b> (12 EFT/ACH Deductions)	
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME
	\$	\$
Dues payments are not deductible as charitable contributions for federal income tax purposes.		
<input type="checkbox"/> EFT - Electronic Funds Transfer <b>Go to the SmartPay link on the top right corner of our website to set up your account, or on the reverse side of this form is a QR code that will take you there. No dues will be taken out until September 2024</b> <a href="http://www.alpineuniserv.org">www.alpineuniserv.org</a>		The AEA is hereby authorized and directed to deduct the specific sum certified by the AEA to pay the dues by EFT as indicated. I may revoke this dues deduction authorization by submitting a written directive to the AEA. <i>Dues deductions will be on the 28th day of each month or the next business day if the 28th falls on the weekend.</i>
<input type="checkbox"/> Check/Cash		I hereby agree to pay to the AEA annual dues for the current membership year and each year thereafter.

**YES to annual Payment Authorization** – As a condition of eligibility for these benefits, I agree to pay the appropriate unified active membership dues for the 2024-25 membership year in accordance with established payment procedures. I understand my obligation to pay those annual dues obligation regardless of my membership status, and that if I fail to pay those amounts, 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 prior to September 1, 2024.

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and AEA and I agree to the governing documents of each association; (2) membership is annual beginning September 1 and automatically renews annually thereafter; (3) membership dues may change from year to year but may not exceed three percent (3%) of my monthly salary; (4) dues may be paid monthly, however, the financial obligation for membership is an annual fee and any early cancellation will result in a dues obligation for the remaining portion of the year of membership; and (5) I hereby designate and empower the AEA as my exclusive bargaining agent.

**I UNDERSTAND THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.**

MEMBER'S SIGNATURE	DATE	REFERRED BY
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—Please See Information on Reverse Side—

**PACKET (office use only)**

**EFT INFORMATION NEEDED – DO NOT WRITE IN THIS SECTION!  
GO TO QR CODE OR LINK TO THE RIGHT ▶**

**QR Code or Link for SmartPay**

***This is the information you will need when you click on the SmartPay link or scan the QR Code to the right.***

Name on Account:

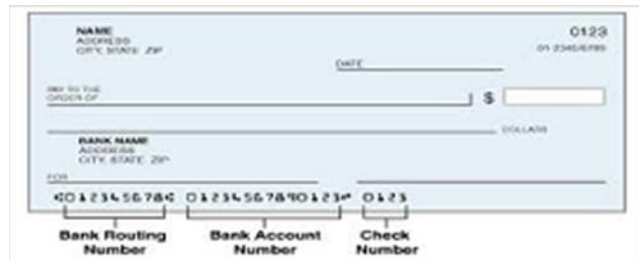
Billing Address:

Bank Name:

Account Type:    \_\_\_  Checking    \_\_\_  Savings

Bank Routing # (9 digits): \_\_\_\_\_

Bank Account #: make sure to include and zeros if you have them in front of your account number



**QR CODE TO SMARTPAY**



**LINK TO SMARTPAY**

<https://stats.slimcd.com/soft/multisession.asp?sessionid=5B711DEE23EEC8481692ABBD43C0993866496186>

**OR GO DIRECTLY TO:**

[www.alpineuniserv.org](http://www.alpineuniserv.org)

and click on **SmartPay** in the top right-hand corner.

initial **\*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, Alpine 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 local 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.  
**\*\*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.