

# 2025-2026 EARLY ENROLLMENT MEMBERSHIP APPLICATION

## Alpine Education Association

### Utah/National Education Associations

Please return this form to your Association Representative or send to: Mike Gowans at Westlake High School or mail to AEA, 557 W. Center St. Pl. Grove, UT 84062

Member #: \_\_\_\_\_



**JOIN ONLINE. It's safe and secure!**

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 <input type="checkbox"/> INTERN        MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)					LOCAL ASSOCIATION (SCHOOL DISTRICT)				
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	
<b>See reverse side for TCPA*</b> POSITION <input type="checkbox"/> CLASSROOM TEACHER <input type="checkbox"/> INSTRUCTIONAL SPECIALIST <input type="checkbox"/> COUNSELOR (Major <input type="checkbox"/> ADMINISTRATOR (Directly Hires, Evaluates, Transfers, Disciplines or Dismisses) <input type="checkbox"/> SPEECH/HEARING THERAPIST <input type="checkbox"/> LIBRARIAN/MEDIA SPEC Assignment) <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 Alpine Education Association, Utah Education Association and NEA Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2025, but in no event before April 1, 2025—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, 2025.

MONTHLY DUES DEDUCTION	EFT (12 EFT Deductions)		Children At Risk Foundation (CARF)*** (optional)
	<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 <i>If you fill out a paper form, go to the SmartPay link on the top right corner of our website to set up your bank and account, or on the reverse side of this form is a QR code to SmartPay and it will take you there.</i>		The AEA is hereby authorized and directed to deduct the specific sum certified by 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 28<sup>th</sup> day of each month or the next business day if the 28<sup>th</sup> 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 2025-26 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, 2025.

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.

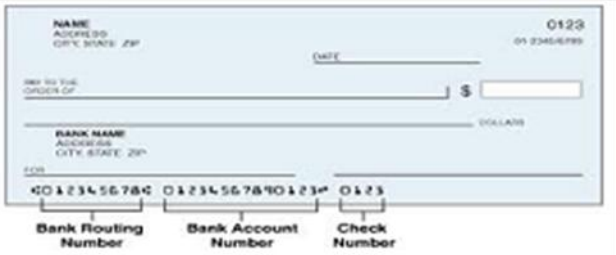

**I UNDERSTAND THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.**

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

PACKET

EFT INFORMATION NEEDED – DO NOT WRITE IN THIS SECTION! GO TO QR CODE OR LINK TO THE RIGHT ▶	QR Code or Link for SmartPay
<p><i>This is the information you will need when you click on the SmartPay link or scan the QR Code to the right.</i></p> <p>Name on Account:</p> <p>Billing Address:</p> <p>Bank Name:</p> <p>Account Type:    ___ Checking    ___ Savings</p> <p>Bank Routing # (9 digits): _____</p> <p>Bank Account #: make sure to include and zeros if you have them in front of your account number</p> 	<p>QR CODE TO SMARTPAY</p>  <hr/> <p>LINK TO SMARTPAY</p> <p><a href="https://stats.slimcd.com/soft/multisession.asp?sessionid=5B711DEE23EEC8481692ABBD43C0993866496186">https://stats.slimcd.com/soft/multisession.asp?sessionid=5B711DEE23EEC8481692ABBD43C0993866496186</a></p> <hr/> <p>OR GO DIRECTLY TO:</p> <p><a href="http://www.alpineuniserv.org">www.alpineuniserv.org</a></p> <p>and click on <b>SmartPay</b> in the top right-hand corner.</p>

*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, the local 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.

**\*\*\*Children At Risk Foundation (CARF)** – CARF is a nonprofit foundation whose aim is to improve education, health and opportunities for at-risk students. A voluntary contribution to the Children at Risk Foundation of \$1.00 is suggested.

## TELL US MORE

As an educator, you have a close-up view of the opportunities and challenges facing our schools. These questions will help us collectively win for our students and provide you with the tools you need to succeed as an educator.

**1. What year did you enter the profession? (YYYY)** \_\_\_\_\_

**2. Your union provides training, support, and tools to ensure your success. What would you like to learn more about?**

- Building relationships and meeting students' social-emotional needs   
 Family and community engagement   
 Instructional and classroom strategies  
 Health and safety   
 Social justice and racial equity   
 Technology   
 Reducing student debt   
 Saving money with NEA Member Benefits

**3. When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Membership, Leadership &amp; Advocacy</b><br>Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role. | <input type="checkbox"/> <b>Collective Action</b><br>Helping get the word out about bargaining, meet & confer, or other workplace actions.        | <input type="checkbox"/> <b>Leading Our Professions</b><br>Supporting members to grow in their professional practices.                    |
| <input type="checkbox"/> <b>Political Activism</b><br>Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.  | <input type="checkbox"/> <b>School Funding &amp; Education Policy</b><br>Working to increase education funding at my school, district, and state. | <input type="checkbox"/> <b>Thinking About It...</b><br>I'm not ready to volunteer right now but I'm looking forward to staying informed. |