# 2026-2027 MEMBERSHIP APPLICATION

## ALPINE/Utah/National Education Associations

*Return form to your Association Representative or send to:*

*MIKE GOWANS by District mail to Westlake High School, or regular mail to:*
*Alpine Education Association 557 W. Center St. Pl. Grove, UT 84062*

JOIN NOW

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

**Member #:** _____

| SOCIAL SECURITY NUMBER – LAST FOUR | DISTRICT EMPLOYEE NUMBER | HIRE DATE (MM/DD/YYYY) | BIRTHDATE (MM/DD/YYYY) | ☐ NEW HIRE ☐ PAST ASPIRING ☐ INTERN MEMBER |
|---|---|---|---|---|
| XXX-XX-___ ___ ___ ___ | | | | |

| LEGAL NAME *(FIRST, MIDDLE, LAST)* | | LOCAL ASSOCIATION *(SCHOOL DISTRICT)* ALPINE | |
|---|---|---|---|
| PREFERRED NAME / NICKNAME | ☐FEMALE ☐MALE ☐GENDER EXPANSIVE/NON-CONFORMING ☐SELF IDENTIFY: _____ | CURRENT SCHOOL/WORK LOCATION | PREVIOUS MEMBER TRANSFERRED FROM |
| ADDRESS | | NONWORK EMAIL *(PREFERED)* | |

| CITY | STATE | ZIP | WORK EMAIL | |
|---|---|---|---|---|
| CELL PHONE* ( ) | SECONDARY PHONE ( ) | | SUBJECT | GRADE |

POSITION *(Major Assignment)*
☐ CLASSROOM TEACHER ☐ INSTRUCTIONAL SPECIALIST ☐ COUNSELOR
☐ ADMINISTRATOR *(Directly Hires, Evaluates, Transfers, Disciplines or Dismisses)* ☐ SPEECH/HEARING THERAPIST ☐ LIBRARIAN/MEDIA SPEC
☐ SPECIAL ED ☐ COACH ☐ CURRICULUM SPEC ☐ PSYCHOLOGIST ☐ OTHER: _____

RACE *(Optional)*** ☐ WHITE ☐ ASIAN ☐ BLACK ☐ LATIN(O/A/X), HISPANIC, AND CHICAN(O/A/X) ☐ NATIVE AMERICAN/ALASKA NATIVE
☐ NATIVE HAWAIIAN/PACIFIC ISLANDER ☐ MIDDLE EASTERN OR NORTH AFRICAN ☐ MULTI-RACIAL ☐ UNKNOWN ☐ SELF IDENTIFY: _____

| MONTHLY DUES DEDUCTION | EFT/ACH by AEA (12) Deductions | | Children At Risk Foundation (CARF)*** *(optional)* |
|---|---|---|---|
| | ☐ FULL-TIME | ☐ HALF-TIME | Yearly amount |
| | $73.09 | $37.92 | Any amount you choose |

Dues payments are not deductible as charitable contributions for federal income tax purposes.

☐ EFT - Electronic Funds Transfer
***Go to the SmartPay link on our website to set up your account, or on the reverse side of this form there is a QR code that will take you there. First Dues for Sept. will be on or around Oct 1st.***
**www.alpineuniserv.org**

☐ Check/Cash

The Alpine Education Association (AEA) / Utah Education Association (UEA) is hereby authorized and directed to deduct the specific sum certified by AEA/UEA and to pay the dues to AEA/UEA by EFT or Credit Card as indicated. I may revoke this dues deduction authorization by submitting a written directive to the AEA/UEA or its designated local. Electronic funds transfer (EFT) withdrawals for monthly payments are made on or about the First (1st) of each month. Credit card deductions will be on the third day of each month or the next business day if the third falls on the weekend.

I hereby agree to pay to the AEA/UEA annual dues for the current membership year and each year thereafter.

* By providing my cell phone number, I understand that the National Education Association (NEA) and its affiliates, Alpine Education Association (AEA), Utah Education Association (UEA), NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

☐ **YES to Membership Commitment** – I want to join with my fellow employees and become a member of the AEA and the UEA, and the NEA. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations. I hereby designate and empower the Alpine Education Association (AEA) as my exclusive bargaining agent.

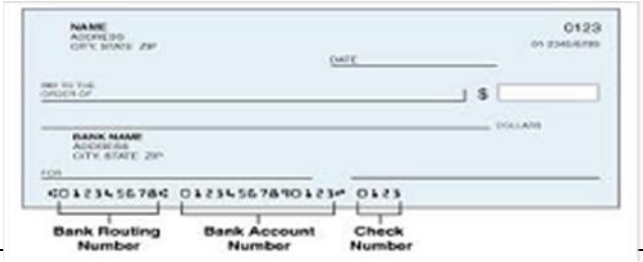
☐ **YES to Annual Payment Authorization** – I further agree to pay the annual (September 1 - August 31) dues, fees, and assessments required for membership in the three associations and to continue to do so each membership year unless I cancel as set forth below. The annual dues, fees and assessments required for membership of the three associations are subject to periodic change by the governing bodies of the associations. I agree to pay on a continuing basis, by any payment method accepted by the UEA, AEA, NEA and regardless of my membership status, the modified annual dues, fees, and assessments established by the governing bodies of the three associations unless I provide written notification to the ALPINE EDUCATION ASSOCIATION (AEA) between August 1 and August 31 of the membership year immediately preceding the membership year in which the payments are to be cancelled.

**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 |
|---|
| |

**By electing to use my electronic signature, I represent that I understand this electronic signature constitutes my actual signature for all purposes of this document and confirms my understanding and agreement to what is included in this document.**

| 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.***<br><br>Name on Account:<br><br>Billing Address:<br><br>Bank Name:<br><br>Account Type: ____ Checking ____ Savings<br><br>Bank Routing # (9 digits): ___ ___ ___ ___ ___ ___ ___ ___ ___<br><br>Bank Account #: make sure to include and zeros if you have them in front of your account number<br><br>  <br> | QR CODE TO SMARTPAY<br><br>SmartPay<br><br>LINK TO SMARTPAY IF THE QR CODE ABOVE DOES NOT WORK ▾<br><br>OR GO DIRECTLY TO:<br><br>www.alpineuniserv.org<br><br>Click on **SmartPay** in the middle of the webpage. |

**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.

## PRORATED DUES BY MONTH

**Alpine Education Association**
**Prorated Dues Table over 12 months for SmartPay**
**2026-2027**
**Full-Time**

| Month | NEA | UEA | AEA | Monthly Deduction | |
|---|---|---|---|---|---|
| September | 234.00 | 577.03 | 66.00 | 73.09 | for 12 months |
| October | 214.50 | 528.94 | 66.00 | 73.59 | for 11 months |
| November | 195.00 | 480.86 | 66.00 | 74.19 | for 10 months |
| December | 175.50 | 432.77 | 66.00 | 74.92 | for 9 months |
| January | 156.00 | 384.69 | 66.00 | 75.84 | for 8 months |
| February | 136.50 | 336.60 | 66.00 | 77.01 | for 7 months |
| March | 117.00 | 288.52 | 66.00 | 78.59 | for 6 months |
| April | 97.50 | 240.43 | 66.00 | 80.79 | for 5 months |
| May | 78.00 | 192.34 | 66.00 | 84.09 | for 4 months |
| June | 58.50 | 144.26 | 66.00 | 89.59 | for 3 months |
| July | 39.00 | 96.17 | 66.00 | 100.59 | for 2 months |
| August | 19.50 | 48.09 | 66.00 | 133.59 | for 1 month |

**Alpine Education Association**
**Prorated Dues Table over 12 months for SmartPay**
**2026-2027**
**Part-Time/Intern**

| Month | NEA | UEA | AEA | Monthly Deduction | |
|---|---|---|---|---|---|
| September | 133.50 | 288.50 | 33.00 | 37.92 | for 12 months |
| October | 122.38 | 264.46 | 33.00 | 38.17 | for 11 months |
| November | 111.25 | 240.42 | 33.00 | 38.47 | for 10 months |
| December | 100.13 | 216.38 | 33.00 | 38.83 | for 9 months |
| January | 89.00 | 192.33 | 33.00 | 39.29 | for 8 months |
| February | 77.88 | 168.29 | 33.00 | 39.88 | for 7 months |
| March | 66.75 | 144.25 | 33.00 | 40.67 | for 6 months |
| April | 55.63 | 120.21 | 33.00 | 41.77 | for 5 months |
| May | 44.50 | 96.17 | 33.00 | 43.42 | for 4 months |
| June | 33.38 | 72.13 | 33.00 | 46.17 | for 3 months |
| July | 22.25 | 48.08 | 33.00 | 51.67 | for 2 months |
| August | 11.13 | 24.04 | 33.00 | 68.17 | for 1 month |