



# USEA / NEA EARLY ENROLLMENT MEMBERSHIP APPLICATION



Great Public Schools for Every Child

Please print in dark ink and return this form to:  
USEA Membership / 864 E Arrowhead Lane / Murray, UT 84107-5211  
OR FAX TO: 801-269-9324

NAME (First, Middle, Last)		DISTRICT	WHAT BUILDING DO YOU WORK IN?
STREET ADDRESS		SOCIAL SECURITY NUMBER (ONLY last 4 digits) XXX-XX-	WHAT IS THE JOB TITLE YOUR DISTRICT REFERS TO YOU AS?
MAILING ADDRESS (if different from street address)		DATE OF BIRTH (Month, Day, Year)	WORK PHONE (Including Area Code)
CITY		CELL PHONE (Including Area Code)	HOME PHONE (Including Area Code)
STATE	ZIP CODE	PERSONAL EMAIL ADDRESS	
ETHNIC GROUP (Optional)			
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
GENDER (optional)		POLITICAL PARTY (optional)	
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> No Party	
			REGISTERED VOTER (optional)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION			
<input type="checkbox"/> Clerical Services <input type="checkbox"/> Custodial/Maintenance Services <input type="checkbox"/> Food Services <input type="checkbox"/> Health/Student Services <input type="checkbox"/> Paraeducators (Instructional/Non-Instructional)			
<input type="checkbox"/> Security Services <input type="checkbox"/> Skilled Trade Services <input type="checkbox"/> Technical Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other _____			
HOURS WORKED PER WEEK		WORK DAYS PER YEAR	
<input type="checkbox"/> More than 20 hours per week <input type="checkbox"/> 10 hours or less per week		<input type="checkbox"/> 0 - 199 days (9 months) <input type="checkbox"/> 200 - 219 days (10 months)	
<input type="checkbox"/> More than 10 hours – 20 hours per week		<input type="checkbox"/> 220 - 239 days (11 months) <input type="checkbox"/> 240 + days (12 months)	
FOR OFFICE USE ONLY			
<b>MEDIA AND TEXT RELEASE</b>			
1. I hereby grant permission to USEA and NEA to use all images of me recorded by video, audio, or still photography from USEA and NEA related functions. I understand the USEA and NEA have the right to edit and use my image or recording as they see fit, including on social media and print. I understand that there is no obligation to use my appearance. 2. I authorize USEA and NEA to send me occasional text messages.			
Please check appropriate boxes: <b>Media</b> <input type="checkbox"/> Opt-In <b>Text</b> <input type="checkbox"/> Opt-In <b>CELL PHONE</b> _____			
<b>SIGNATURE</b> _____		<b>DATE</b> _____	

**NEW MEMBER.** As a participant in the Local/USEA/National Education Association Early Enrollment Membership Incentive Plan (NEA EEL), I am eligible to receive – prior to September 1, 2018, but in no event before April 1, 2018 – benefits under the NEA Educators Employment Liability (NEA EEL) Program, as well as access to select NEA Member Benefits programs. **As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2017-2018 membership year in accordance with established payment procedures.** Should I fail to do so, 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, 2018.

**PREVIOUS MEMBER.** I hereby apply for membership in the Utah School Employees Association and in its local and national affiliates. I hereby authorize the District to deduct dues for the Utah School Employees Association and its local and national affiliates as may be established and certified from time to time by those organizations, from my pay each month and to remit those dues to USEA. I authorize USEA and/or its designee to contact my employer for the purpose of securing verification of my gross annual salary/pay and information related to my benefits (i.e. Health Insurance coverage, leave etc.). I also authorize USEA to request my contact information including, but not limited to, my physical address, mailing address, phone number, email, work location, hours worked etc. I hereby designate USEA and its local and national affiliates as my exclusive bargaining representatives. By signing this application I understand and agree that: this authorization to deduct dues may be revoked by submitting a written revocation to the District; such revocation does not terminate membership in USEA or in its local or national affiliates or the obligation to pay monthly dues, and; my membership in USEA and its local and national affiliates continues until a written notice of cancellation is received at the main office of USEA or until it is otherwise terminated pursuant to bylaws, policies, or procedures of those organizations. Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, USEA or any of their affiliates. This information will be kept confidential. 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.

APPLICANT'S SIGNATURE	DATE	ENROLLED BY (please print full name)
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