

NEA/ISTA/LOCAL 20__-20__ MEMBERSHIP FORM

| | | | | | |
|-----------------------------------|--------|---|---|---|---------|
| SOCIAL SECURITY # | | CHECK IF NEW TO PROFESSIONAL <input type="checkbox"/> | CHECK IF TRANSFERRING FROM ANOTHER LOCAL <input type="checkbox"/> | CHECK IF YOU WERE A STUDENT MEMBER <input type="checkbox"/> | # Years |
| FIRST NAME | | MIDDLE INITIAL | LAST NAME | | |
| APT NO. | STREET | | | | |
| CITY | | ST | ZIP | | |
| HOME PHONE | | SCHOOL PHONE & EXT | | MOBILE PHONE | |
| PRIMARY HOME EMAIL (Preferred)*** | | | Other Email (School Email NOT Preferred)*** | | |
| ETHNICITY (Optional) | | GENDER | | DATE OF BIRTH (mm/dd/year) | |
| LOCAL ASSOCIATION | | | | | |
| WORK LOCATION | | | WHO ASKED YOU TO JOIN? | | |
| SUBJECT | | | POSITION | | |

(See back of form for information.)

FIRST TIME ASSOCIATION MEMBER

I acknowledge that I am joining the Association as a unified member on a continuous basis and that I will pay dues and/or PAC contributions unless I revoke this authorization in writing. Additionally, I agree to abide by the constitution and bylaws of each organization on an ongoing basis and in regard to resignation of membership. I authorize ISTA or MY EMPLOYER to withdraw/deduct my membership dues and/or I agree to pay by the timelines set by the Association. This authorization shall permit and accept any changes in the amount of dues and/or contributions officially adopted by the respective governing bodies upon certification in writing by the local association.

| MEMBERSHIP TYPE | | |
|---|---|--|
| FULL TIME <input type="checkbox"/> | PART TIME <input type="checkbox"/> | QUARTER TIME <input type="checkbox"/> |
| Select One Pay Method: | | |
| <input type="checkbox"/> Annual Bank Acct Withdrawal <small>(Complete Section Below)</small> | <input type="checkbox"/> Monthly Bank Acct Withdrawals <small>(Complete Section Below)</small> | |
| <input type="checkbox"/> Annual Check Due 10/1 | <input type="checkbox"/> TWO Check Payments Half 10/1 and Half 2/1 | |
| <input type="checkbox"/> Annual Credit Card On 10/1 | <input type="checkbox"/> TWO Credit Card Charges Half 10/1 and Half 2/1 | |
| | <input type="checkbox"/> Payroll Deduct **** | |
| MEMBERSHIP | TYPE | AMOUNT |
| NEA | _____ | _____ |
| ISTA | _____ | _____ |
| LOCAL | _____ | _____ |
| Options Guaranteed (PAC) | _____ | _____ |
| OTHER | _____ | _____ |
| NEA-FCPE | _____ | _____ |
| ISTA PRE-RETIRED** | _____ | _____ |
| ADDITIONAL IFIE | _____ | _____ |
| | TOTAL DUES: | _____ |

MEMBER'S SIGNATURE* _____

DATE _____

DUES TYPES:

| Professional | Education Support Professional | Higher Ed |
|----------------------|--------------------------------|--------------------|
| Full Time—AC-1-100 | Full Time—AC-2-100 | Full Time—AC-1-134 |
| Part Time—AC-1-50 | Part Time—AC-2-50 | Part Time—AC-1-135 |
| Quarter Time—AC-1-25 | Quarter Time—AC-2-25 | |
| Substitute—AC-1-1 | Substitute—AC-2-1 | |
| Reserve—RS-1-0 | Reserve—RS-2-0 | |
| Student—ST-0-0 | Associate—AS-0-0 | Staff—SF-0-0 |

* Required at initial enrollment.

** PLEASE NOTE: Pre-retired subscribers must maintain their normal NEA/SEA membership until they qualify for a Retired membership. Failure to do so will result in the cancellation of the Pre-retired subscription with no refund given.

*** Membership e-mail addresses are for Association use only.

**** If available - contact your Association Representative.

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.

The National Education Association Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to The NEA Fund. Contributions to The NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although The NEA Fund requests an annual contribution of \$15, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates.

Contributions or gifts to The NEA Fund are not deductible as charitable contributions for federal income tax purposes.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of the employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

Federal law prohibits The NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families will be returned forthwith.

ISTA COPY

EASY PAY – BANK DRAFT AUTHORIZATION

Outstanding Balance: \$ _____ # of Deductions: _____ Deduction Amount: \$ _____

Bank Name: _____

Account Type: Checking Savings

Bank Routing Number (9 digit): _____ (example check on back of form)

Bank Account Number: (Please Attach a Voided Check) _____

MEMBER'S SIGNATURE* _____

DATE _____

- Dues amounts are finalized annually by September 1.

- I AUTHORIZE ISTA TO DEDUCT/CHARGE EACH YEAR MY MEMBERSHIP DUES FOR THE UNIFIED ASSOCIATION AND/OR PAC CONTRIBUTIONS UNLESS I REVOKE THIS AUTHORIZATION IN WRITING. THIS AUTHORIZATION SHALL PERMIT AND ACCEPT ANY CHANGES IN THE AMOUNT OF DUES AND/OR CONTRIBUTIONS OFFICIALLY ADOPTED BY THE RESPECTIVE GOVERNING BODIES UPON CERTIFICATION IN WRITING BY THE LOCAL ASSOCIATION. ADDITIONALLY, I AGREE TO ABIDE BY THE CONSTITUTION AND BYLAWS OF EACH ORGANIZATION IN REGARD TO RESIGNATION OF MEMBERSHIP.