



NEW MEMBERSHIP ENROLLMENT



Membership Year \_\_\_\_\_  New Member  Transfer  Fee Payer to Member

PLEASE PRINT USING UPPER CASE ONLY — USE BLACK OR BLUE INK ONLY

Last 4 digits of your Social Security Number \_\_\_\_\_ Membership Number 0 0 0 (refer to your IEA membership card)

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Former name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone type (check one)  Cell  Home  Work Ethnicity (Optional) \_\_\_\_\_ Gender identification \_\_\_\_\_

American Indian/Alaska Native (1), Black (3), Hispanic (4), Caucasian (not of Spanish Origin) (5), Asian (6), Native Hawaiian/Pacific Islander (7), Multi-Ethnic (8), Other (9), Unknown (UK)

Personal email \_\_\_\_\_

Work email (enter 0 for zero) \_\_\_\_\_

Preferred email (check one)  Personal  Work

Employer \_\_\_\_\_

Worksite (work location name) \_\_\_\_\_

Position \_\_\_\_\_ Subject \_\_\_\_\_

Please identify your first year employed in education \_\_\_\_\_ Employment start date (in this local) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By providing my phone number, I understand that the Illinois Education Association-NEA (IEA-NEA), National Education Association (NEA) and their affiliates, including the local association, may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. I understand I can unsubscribe from receiving such messages by contacting IEAConnect at 1-844-432-1800. The IEA-NEA, NEA and my local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

I agree to my unified membership in the IEA-NEA, NEA and my local association (including any other association which is my exclusive bargaining representative and affiliated with the IEA-NEA) ("Association") and that my membership shall be continuous unless I provide written notice signed by me stating that I no longer want to be a member. Such notice shall also include the name of my local association and be sent via U.S. mail to either the IEA President or my local association president at the following address: 100 East Edwards St., Springfield, Illinois 62704.

I agree to submit dues to the Association and hereby authorize my employer (including any other employer to which my employment is transferred by law or agreement) to deduct from my pay such dues and voluntary contributions to IPACE, as these sums are annually established, and to NEA FCPE, and to forward such amounts to my local association (or IEA-NEA, if the local association is no longer affiliated with IEA-NEA). This authorization is to continue in force, regardless of my membership status, unless a) revoked by me for a succeeding membership year by giving written notice to that effect to both my employer and local association on or before September 15 or b) my employment ends.

Dues payments and contributions or gifts to IPACE and NEA FCPE are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a miscellaneous itemized deduction.

The invalidity or unenforceability of any particular provision shall not affect the validity and enforceability of other provisions in this Agreement.

Member Signature

Date

Association Representative Signature

Date

LOCAL NAME & BILLABLE PARTY ID

Membership Category
 AC-1-100 Active Professional FT
 AC-1-50 Active Professional PT
 AC-1-25 Active Professional QT
 AC-2-100 Active ESP FT
 AC-2-50 Active ESP PT
 AC-2-25 Active ESP QT

Payment Method

Payroll Deduction  Check

Table with 2 columns: Association, Dues/Contributions. Rows include NEA Dues, IEA-NEA Dues (1), NEA FCPE (2), Local Dues, and TOTAL.

Our Association provides resources and support to educators to ensure student success. How can we help you in your career and practice as an educator?

- Student Behavior/Classroom Management
 Curriculum Assistance
 Access to Mentors and/or Coaches
 Working with Parents
 Working with Administrators
 Understanding your Evaluation/Observation Process

Our Association works to ensure every school provides our students with the opportunities to succeed. Which of the following issues are most important to you?

- Social and Racial Justice
 Economic Justice
 Parental and Community Engagement
 Fully-Funded Schools
 Conditions in the Workplace
 Education Policy
 Political Advocacy

Our Association advocates for conditions that retain high-quality educators for students. Which of these are you interested in learning about?

- Compensation and Contracts
 Educator Rights and Responsibilities
 Health Care and Insurance
 Pension and Retirement Benefits
 Student Debt and/or Finances
 Stretching Your Paycheck

- (1) IPACE STATEMENT:** Contributions to IPACE of \$30.00 may be used to support candidates for local or state office. A different amount may be established annually by IEA. These contributions are voluntary and not required as a condition of employment or membership in any organization. A refund of this amount may be obtained if written notification is given by the member to IPACE, 100 E. Edwards St., Springfield, Illinois 62704, prior to December 31st of the current school year. IPACE refund request forms can be obtained from the IEA Government Relations Department.
- (2) NEA FCPE STATEMENT:** The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friend 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. Contributions 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 employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.