

# 2021-2022 EARLY ENROLLMENT MEMBERSHIP APPLICATION

## DEA /Utah/National Education Associations

Please return this form to your Association Representative or send to:  
DEA Membership, PO BOX 500, Farmington, UT 84037



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

\*\*\* THIS IS A TWO-SIDED APPLICATION \*\*\*

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 STUDENT	
								<input type="checkbox"/> INTERN <input type="checkbox"/> MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)				DAVIS EDUCATION ASSOCIATION					
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 <input type="checkbox"/> PREFERRED					
CITY		STATE		ZIP		WORK EMAIL <input type="checkbox"/> PREFERRED			
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 Assignment)		<input type="checkbox"/> ADMINISTRATOR (Directly Hires, Evaluates, Transfers, Disciplines or Dismisses)		<input type="checkbox"/> SPEECH/HEARING THERAPIST		<input type="checkbox"/> LIBRARIAN/MEDIA SPEC			
		<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"/> HISPANIC, LATINO, OR OF SPANISH ORIGIN (ETHNICITY)	
		<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! I want to be a NEW MEMBER.** As a participant in the Davis Education Association, Utah Education Association and National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2021, but in no event before April 1, 2021—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits Programs.
- YES! I want to REJOIN.** I am a previous member and wish to rejoin. As a participant in the UEA Early Enrollment Program (UEA EEP), I am eligible to receive—prior to September 1, 2021, but in no event before April 1, 2021—certain benefits normally available only to regular dues-paying members of the Association, **except for** NEA/UEA USLP legal services only available to active members.

<b>MONTHLY DUES DEDUCTION</b>	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> HALF-TIME	Children At Risk Foundation (CARF)***
10 deductions by EFT/Credit Card or Payroll Deduction (October-July)	(Approx) \$72 /mo	(Approx) \$37 /mo	\$ /mo

Dues payments (or a portion) are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as a miscellaneous itemized deduction.

<input type="checkbox"/> EFT - Electronic Funds Transfer <input type="checkbox"/> Credit Card <i>(Enter EFT or Credit Card payment information on reverse side)</i>	The UEA is hereby authorized and directed to deduct the specific sum certified by UEA or DEA and to pay the dues to UEA or DEA by EFT or Credit Card as indicated. I may revoke this dues deduction authorization by submitting a written directive to the UEA or DEA. <i>Dues deductions will be on the third day of each month or the next business day if the third falls on the weekend.</i>
<input type="checkbox"/> Check/Cash.	I hereby agree to pay to the UEA annual dues for the current membership year and each year thereafter.
<input type="checkbox"/> Payroll Deduction.	The District is hereby authorized and directed to deduct the specific sum certified by UEA or DEA, and to pay the dues to UEA or DEA by payroll deduction. I may revoke this dues deduction authorization by submitting a written directive to the District.

- 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 2021-22 membership year in accordance with established payment procedures. I understand my obligation to pay that annual dues obligation continues, regardless of my membership status, and that if I fail to pay those amounts, my eligibility to receive benefits under the NEA EEL Program/UEA EEP 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/UEA EEP prior to September 1, 2021.

**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.**

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and DEA 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 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 DEA as my exclusive bargaining agent.

MEMBER'S SIGNATURE	DATE	REFERRED BY
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PACKET

**EFT – ELECTRONIC FUNDS TRANSFER INFORMATION**

**Please attach a voided check for checking account.  
(No deposit slips)**

Name on Account: \_\_\_\_\_

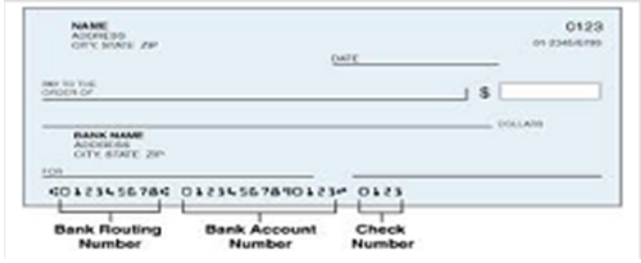
Billing Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type:    \_\_\_ Checking    \_\_\_ Savings

Bank Routing # (9 digits): \_\_\_\_\_

Bank Account #: \_\_\_\_\_



**CREDIT CARD INFORMATION**

Name on Account: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ CVV: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

*I authorize the Utah Education Association (UEA) or DEA to initiate credit or debit entries to my account with the financial institution named above. I authorize those payments to be made on a recurring basis, payable in monthly installment as set forth above.*

*I understand that in the event one or more of the governing bodies of NEA or its affiliates authorizes a change in the amount of annual dues, fees and/or assessment, the UEA or DEA will notify me by email or home mailing address not less than (10) days in advance of processing any changes to the transactions amount as described in the payment summary. Following notice, I authorize the UEA or DEA to adjust the amount to be debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule.*

*I understand that this authorization for the payment of membership dues, fees and assessments continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any electronic funds transition of recurring credit card payment shall not constitute the termination of my membership in the NEA. I further understand that UEA or the DEA will notify me in writing if a transaction is rejected and I shall have seven (7) calendar days to provide updated debit account information, or with an accepted alternative method of payment, to continue my payments for annual dues, fees, and assessments. I understand that my decision to no longer pay dues by credit card does not forgive me from my obligation to pay the annual dues amount.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Davis Education 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 Davis Education 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.

**1) What year did you enter the profession?**

(YYYY)

**2) I am:**

- Already a member
- Transferring from another school district
- Joining the Association today
- I would like more information about membership

**3) Your association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?**

- Classroom management (e.g. student behavior, relationships with students)
- Lesson planning
- Working with mentors/coaches
- Working with families
- Collaborating with administrators and colleagues
- Unpacking professional expectations (e.g. Evaluations, observations)

**4) Your association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?**

- Social and racial justice
- Meeting the needs of students in poverty
- Family and community engagement
- Fully funded schools
- Education policy—Contributing to critical decisions affecting my students, school, and district
- Political advocacy—Supporting education policies to ensure all students have opportunities to succeed

**5) Your association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?**

- Salary
- Educator Rights & Responsibilities
- Health Care Benefits
- Pensions and Retirement Security
- Student Debt and/or Finances
- Stretching Your Paycheck
- Working Conditions