

2025-2026 EARLY ENROLLMENT MEMBERSHIP APPLICATION

Davis Education Association Utah/National Education Associations

Please return this form to your Association Representative or send to:
Davis Education Association, PO Box 500, Farmington, UT 84025



JOIN ONLINE. It's safe and secure!

Member #: _____

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|------------------------|----------------------------------|--------------------------------------------------------------------------|--|
| 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 ASPIRING | |
| | | | | | | | | <input type="checkbox"/> INTERN <input type="checkbox"/> MEMBER | |
| LEGAL NAME (FIRST, MIDDLE, LAST) | | | | LOCAL ASSOCIATION (SCHOOL DISTRICT) | | | | | |
| 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 (PREFERRED) | | | | | |
| CITY | | STATE | | ZIP | | WORK EMAIL | | | |
| CELL PHONE () | | SECONDARY PHONE () | | SUBJECT | | | | GRADE | |
| See reverse side for TCPA* | | | | | | | | | |
| 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"/> LATIN(O/A/X), HISPANIC, AND CHICAN(O/A/X) <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 to Membership Commitment** As a participant in the local association, Utah Education Association and National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2025, but in no event before April 1, 2025—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA and UEA Member Benefits Programs—except for NEA/UEA ULSP legal services which are only available to active members after September 1, 2025.

| MONTHLY DUES DEDUCTION | EFT - Electronic Funds Transfer (10 EFT Deductions) | | CREDIT CARD (10 CC Deductions) | | Children At Risk Foundation (CARF)*** (optional) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|
| | <input type="checkbox"/> FULL-TIME | <input type="checkbox"/> HALF-TIME | <input type="checkbox"/> FULL-TIME | <input type="checkbox"/> HALF-TIME | |
| | \$87.20 | \$44.75 | \$87.20 | \$44.75 | |
| Dues payments are not deductible as charitable contributions for federal income tax purposes. | | | | | |
| <input type="checkbox"/> EFT - Electronic Funds Transfer <input type="checkbox"/> Credit Card (Enter EFT or Credit Card payment information on reverse side) | | | The UEA is hereby authorized and directed to deduct the specific sum certified by UEA or its designated local and to pay the dues to UEA or its designated local by EFT or Credit Card as indicated. I may revoke this dues deduction authorization by submitting a written directive to the UEA or its designated local. <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> I hereby agree to pay to the UEA annual dues for the current membership year and each year thereafter. | | |

- ☐ **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 2025-26 membership year in accordance with established payment procedures. I understand my obligation to pay those annual dues obligation regardless of my membership status, and that if I fail to pay those amounts, 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, 2025.

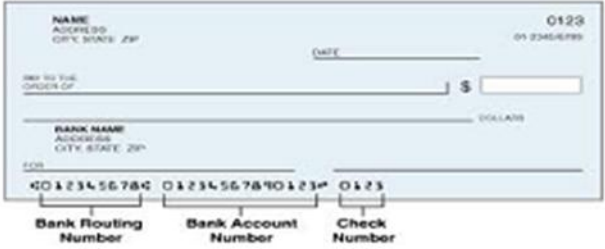
By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and DEA and I agree to the governing documents of each association; (2) membership is annual beginning September 1 and automatically renews annually thereafter; (3) membership dues may change from year to year but may not exceed three percent (3%) 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 Davis Education Association as my exclusive bargaining agent.

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 |
|--------------------|------|-------------|

—Please See Information on Reverse Side—

☐ PACKET

| EFT – ELECTRONIC FUNDS TRANSFER INFORMATION | CREDIT CARD INFORMATION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Please attach a voided check for checking account. (No deposit slips)</p> <p>Name on Account: _____</p> <p>Billing Address: _____</p> <p>Bank Name: _____</p> <p>Account Type: ___ Checking ___ Savings</p> <p>Bank Routing # (9 digits): _____</p> <p>Bank Account #: _____</p> <div style="text-align: center; margin-top: 10px;">  </div> | <p>Name on Account: _____</p> <p>Billing Address: _____</p> <p>Credit Card Number: _____</p> <p>Exp. Date ____/____/____ CVV: _____</p> <p>Name as it appears on the card: _____</p> <p><i>I authorize the Utah Education Association (UEA) or its designated local 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></p> <p><i>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 local 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 local to adjust the amount to be debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule.</i></p> <p><i>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 local 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.</i></p> <p>Signature: _____ Date: _____</p> |

***Telephone Consumer Protection Act (TCPA) Consent** – By providing my cell phone number, I understand that the National Education Association and its affiliates, Utah Education Association, the local association, 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.

****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.

TELL US MORE

As an educator, you have a close-up view of the opportunities and challenges facing our schools. These questions will help us collectively win for our students and provide you with the tools you need to succeed as an educator.

1. What year did you enter the profession? (YYYY) _____

2. Your union provides training, support, and tools to ensure your success. What would you like to learn more about?

- ☐ Building relationships and meeting students' social-emotional needs

☐ Family and community engagement

☐ Instructional and classroom strategies

☐ Health and safety

☐ Social justice and racial equity

☐ Technology

☐ Reducing student debt

☐ Saving money with NEA Member Benefits

3. When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in)

- ☐ **Membership, Leadership & Advocacy**
 Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role.

☐ **Collective Action**
 Helping get the word out about bargaining, meet & confer, or other workplace actions.

☐ **Leading Our Professions**
 Supporting members to grow in their professional practices.

☐ **Political Activism**
 Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.

☐ **School Funding & Education Policy**
 Working to increase education funding at my school, district, and state.

☐ **Thinking About It...**
 I'm not ready to volunteer right now but I'm looking forward to staying informed.