

Membership Form



Personal Information

First Name

Middle Name

Last Name

Address

City

State Zip

Home Email

SSN (last 4 digits required) Date of Birth / /

Home Phone Number - -

Cell Phone Number - -

*By providing my phone number, I understand that the NEA and its affiliates including the ISEA, the Local 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 NEA, the ISEA and the Local Association will never charge for text message alerts. Carrier message and data rates may apply for such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information. **Initial** _____*

Is this your first year of employment as a public school educator? Yes No

Local/Employer

Work Site

Minority-Ethnic Information (Optional)

American Indian/Alaska Native Asian Multi-Ethnic Black

Native Hawaiian/Pacific Islander Hispanic Caucasian (not Hispanic)

Unknown Other _____

Ethnic minority information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, ISEA or any of their affiliates. This information will be kept confidential.

Employment Information

Employment Status

Full time

% of full-time equivalence
If so, what percentage? _____

Substitute

School nurse
Annual salary (if less than \$33,500):
\$ _____

Position

Administrator (*directly hires, evaluates, transfers, disciplines or dismisses*)

AEA Staff

Classroom Teacher

Comm. College Faculty

Counselor

Librarian/Media

Nurse

Teacher Leadership-TLC

Other _____

Subject

<input type="radio"/> Art	<input type="radio"/> Fam/Consumer Science
<input type="radio"/> Business Ed.	<input type="radio"/> World Lang.
<input type="radio"/> Career/Tech Ed.	<input type="radio"/> General Subjects
<input type="radio"/> Coaching	<input type="radio"/> Health/Phys. Ed.
<input type="radio"/> Computer/Info Science	<input type="radio"/> Mathematics
<input type="radio"/> Drivers Ed.	<input type="radio"/> Music
<input type="radio"/> Early Childhood Development	<input type="radio"/> Reading
<input type="radio"/> English/Lang. Arts	<input type="radio"/> Science
<input type="radio"/> Other _____	<input type="radio"/> Social Studies
	<input type="radio"/> Special/Dev. Ed.

Membership Commitment with Maintenance of Payment

Yes – I want to join with my fellow employees and become a member of my Local Association, the Iowa State Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these Associations and agree to abide by the Constitution and Bylaws of all three Associations. I fully understand that the annual dues, fees and assessments required for membership in the three Associations are subject to periodic change by the governing bodies of the Associations and authorize on a continuing basis, and regardless of my membership status, the payment of the modified annual dues, fees, and assessments established by the governing bodies of the three Associations unless I revoke this authorization in a signed writing sent to ISEA via U.S. mail, between August 1 and September 1 of the membership year immediately preceding the membership year in which the membership is to be canceled.

Signature

Date

Dues Info and Payment Options

NEA Dues \$ _____
 ISEA Dues* \$ _____
 Unit Dues \$ _____
 Local Dues \$ _____
 NEA Fund for Children & Public Education (\$15 suggested) \$ _____
 ISEA Scholarship Fund (\$10 suggested) \$ _____
Total \$ _____

*includes a \$17 (_____) contribution for ISEA PAC
 Dues payments and contributions to ISEA PAC and the NEA Fund for Children & Public Education are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a miscellaneous itemized deduction.

- Check (full payment enclosed - payable to ISEA)
 Credit Card (please fill out a separate credit card authorization form for full payment of annual dues)
 EFT* I authorize ISEA to withdraw and collect dues through Electronic Funds Transfer (EFT) for the current membership year and each membership year thereafter.

Select one EFT option:

- Monthly** (10 payments starting in October, ending in July)
 1st of each month 15th of each month 20th of each month
Bi-Monthly (20 payments starting in October, ending in July)
 1st and 15th of each month 5th and 20th of each month

Account type Checking (attach voided check or enter information here) Savings

Bank name

Bank routing number (9-digit)

Bank account number (do not include check #)

†Recurring EFT Payment Authorization

I authorize the ISEA to debit the checking/savings account I provided in the DUES INFO AND PAYMENT OPTIONS section of this form for the payment of annual membership dues, fees and assessments required for membership in my Local Association, the ISEA and the NEA and any contributions I have elected to the ISEA PAC, ISEA Scholarship Fund and the NEA Fund for Children and Public Education. I further authorize debits to be made on a recurring basis, payable in installments as I have selected in the DUES INFO AND PAYMENT OPTIONS section of this form.

I understand and agree to pay the total amount of annual membership dues, fees and assessments for the membership year ending August 31, as set forth in the DUES INFO AND PAYMENT OPTIONS section of this form and I understand that if I have elected to make contributions to the ISEA PAC, ISEA Scholarship Fund, and/or NEA Fund for Children and Public Education, I further agree to pay the amounts of each contribution in accordance with my election in the DUES INFO AND PAYMENT OPTIONS section of this form. I authorize the total combined amount of the annual membership dues, fees, and contributions to be debited from my account in equal installments as I have selected in the DUES INFO AND PAYMENT OPTIONS section of this form with the final debited installment amount for the membership year to include any residual amount owed, not to exceed \$1.00. The residual amount shall represent the portion of the combined total that cannot be evenly distributed among the installments.

I understand that if the governing bodies of the NEA, ISEA, or its affiliates authorize a change in the amount of annual dues, fees and/or assessments, the ISEA will notify me by email or at my home address not less than ten (10) days in advance of processing any changes to the transaction amount as described in the payment summary above. Following notice, I authorize the ISEA to adjust the amount to be debited from my account to satisfy any modifications by adjusting my payments equally over the payment schedule noted above.

I understand that the total amount of my contributions to the ISEA PAC, ISEA Scholarship Fund, and/or NEA Fund for Children and Public Education, if any, shall remain fixed and continue from year-to-year unless I notify ISEA of any adjustments to future annual contribution amounts in writing sent to the ISEA, 777 3rd St., Des Moines, Iowa 50309. Upon receipt of notice, I authorize the ISEA to adjust the amount of my payment(s) to reflect any modifications and to process future annual contributions in amounts proportionate to the payment frequency preference I selected above.

I understand that this authorization for the payment of membership dues, fees and assessments, and any contributions to the ISEA PAC, ISEA Scholarship Fund and NEA Fund for Children and Public Education continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination in accordance with the procedures set forth below, or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any electronic funds transaction shall not constitute the termination of my membership in the NEA, ISEA or affiliates. I further understand that the ISEA will notify me in writing if a transaction is rejected and I shall have seven (7) calendar days to provide the ISEA with 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 if I wish to terminate this authorization, I must do so in writing, addressed to the ISEA, 777 3rd St., Des Moines, Iowa 50309, and include me: 1) full name; 2) home address; 3) employer; 4) State Association; 5) Local Association and 6) membership number. I understand that termination of this authorization will take effect 7 days after the date notice of termination is received. I further understand that termination of this authorization may not relieve me of my membership dues obligation and will require that I contact the ISEA with an alternative method of payment.

Signature _____

Date _____

How can we best support you?

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)

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

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