



USEA / NEA MEMBERSHIP APPLICATION

Please print in dark ink and return this form to:

USEA Membership
864 E Arrowhead Lane
Murray, UT 84107-5211

OR FAX TO: 801-269-9324

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| LEGAL NAME | | PREFERRED NAME / NICKNAME | LOCAL ASSOCIATION (SCHOOL DISTRICT) |
| STREET ADDRESS | | SOCIAL SECURITY NUMBER | SCHOOL BUILDING/WORK SITE |
| MAILING ADDRESS (if different from street address) | | PREFERRED CONTACT PHONE (Including Area Code) <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="text"/> | WORK PHONE (Including Area Code) |
| CITY | | HOME E-MAIL ADDRESS | WORK E-MAIL ADDRESS |
| STATE | ZIP CODE | DATE OF BIRTH (Month, Day, Year) | SPECIFIC POSITION (JOB TITLE) |
| REGISTERED VOTER (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No | | POLITICAL PARTY (optional) <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> No Party | GENDER (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male |
| ETHNIC GROUP (Optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other <input type="checkbox"/> Unknown | | | |
| POSITION <input type="checkbox"/> Building/Grounds Maintenance/Repairs <input type="checkbox"/> Secretary/Clerk/Admin Services <input type="checkbox"/> Custodian <input type="checkbox"/> Food Services <input type="checkbox"/> Security Services <input type="checkbox"/> Technical Services <input type="checkbox"/> Paraeducator (Instructional/Non-Instructional) <input type="checkbox"/> Librarian/Media Specialist <input type="checkbox"/> Special/Developmental Education <input type="checkbox"/> Transportation/Delivery/Vehicle Mechanics <input type="checkbox"/> Other _____ | | | |
| NEA Active ESP (Education Support Professional Classification) <input type="checkbox"/> Full Time (more than 20 hours per week) <input type="checkbox"/> Half Time (more than 10 hours – 20 hours per week) <input type="checkbox"/> Quarter Time (10 hours or less per week) | | WORK DAYS PER YEAR <input type="checkbox"/> 0 - 199 days <input type="checkbox"/> 200 - 219 days <input type="checkbox"/> 220 - 239 days <input type="checkbox"/> 240 + days | FOR OFFICE USE ONLY |

Revised: 8/31/2011

I hereby apply for membership in the Utah School Employees Association and in its local and national affiliates.

I hereby authorize the District to deduct dues for the Utah School Employees Association and its local and national affiliates as may be established and certified from time to time by those organizations, from my pay each month and to remit those dues to USEA. I hereby designate USEA and its local and national affiliates as my exclusive bargaining representatives.

By signing this application I understand and agree that: this authorization to deduct dues may be revoked by submitting a written revocation to the District; such revocation does not terminate membership in USEA or in its local or national affiliates or the obligation to pay monthly dues, and; my membership in USEA and its local and national affiliates continues until a written notice of cancellation is received at the main office of USEA or until it is otherwise terminated pursuant to bylaws, policies, or procedures of those organizations.

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

| | | |
|--------------------|------|--------------------------------------|
| MEMBER'S SIGNATURE | DATE | ENROLLED BY (please print full name) |
|--------------------|------|--------------------------------------|