



USEA / NEA EARLY ENROLLMENT MEMBERSHIP APPLICATION



Please print in dark ink and return this form to:
USEA Membership / PO Box 241 / Roy, UT 84067
OR EMAIL: membership@useautah.org - OR FAX TO: 801-269-9324

NAME (First, Middle, Last)		DISTRICT	WHAT BUILDING DO YOU WORK IN?
HOME STREET ADDRESS		SOCIAL SECURITY NUMBER (ONLY last 4 digits) XXX-XX-	WHAT IS THE JOB TITLE YOUR DISTRICT REFERS TO YOU AS?
HOME MAILING ADDRESS (if different from street address)		DATE OF BIRTH (Month, Day, Year)	WORK PHONE (Including Area Code)
CITY		CELL PHONE (Including Area Code)	HOME PHONE (Including Area Code)
STATE	ZIP CODE	PERSONAL EMAIL ADDRESS	POLITICAL PARTY (optional)
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			
GENDER (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		WHAT IS YOUR SALARY RANGE: <input type="checkbox"/> Tier 1 - \$16,000 or less <input type="checkbox"/> Tier 2 - \$16,001-\$22,000 <input type="checkbox"/> Tier 3 - \$22,001 and up	REGISTERED VOTER (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION			Revised 4/1/2021
<input type="checkbox"/> Clerical Services <input type="checkbox"/> Custodial Services <input type="checkbox"/> Food Services <input type="checkbox"/> Health/Student Services <input type="checkbox"/> Paraeducators (Instructional/Non-Instructional) <input type="checkbox"/> Security Services <input type="checkbox"/> Skilled Trade Services/Maintenance <input type="checkbox"/> Technical Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Other _____			
HOURS WORKED PER WEEK		WORK DAYS PER YEAR	
<input type="checkbox"/> More than 20 hours per week <input type="checkbox"/> 10 hours or less per week <input type="checkbox"/> More than 10 hours – 20 hours per week		<input type="checkbox"/> 0 - 199 days (9 months) <input type="checkbox"/> 200 - 219 days (10 months) <input type="checkbox"/> 220 - 239 days (11 months) <input type="checkbox"/> 240 + days (12 months)	
FOR OFFICE USE ONLY			
MEDIA AND TEXT RELEASE			
1. I hereby grant permission to USEA and NEA to use all images of me recorded by video, audio, or still photography from USEA and NEA related functions. I understand the USEA and NEA have the right to edit and use my image or recording as they see fit, including on social media and print. I understand that there is no obligation to use my appearance. 2. I authorize USEA and NEA to send me occasional text messages.			
Please check appropriate boxes: Media <input type="checkbox"/> Opt-In Text <input type="checkbox"/> Opt-In CELL PHONE _____			
SIGNATURE _____		DATE _____	

NEW MEMBER. As a participant in the Local/USEA/National Education Association Early Enrollment Membership Incentive Plan (NEA EEL), 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 (NEA EEL) Program, as well as access to select NEA Member Benefits programs. **As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2021-2022 membership year in accordance with established payment procedures.** Should I fail to do so, 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, 2021.

PREVIOUS MEMBER. 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 authorize USEA and/or its designee to contact my employer for the purpose of securing verification of my gross annual salary/pay and information related to my benefits (i.e. Health Insurance coverage, leave etc.). I also authorize USEA to request my contact information including, but not limited to, my physical address, mailing address, phone number, email, work location, hours worked etc. 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.

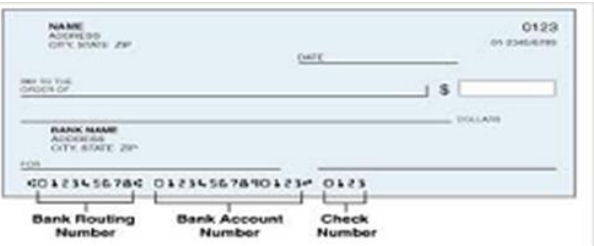
CONTINUE TO NEXT PAGE

<input type="checkbox"/> EFT - Electronic Funds Transfer <i>(Enter EFT payment information below as indicated)</i>	<p>The USEA is hereby authorized and directed to deduct the specific sum certified by USEA or its designated local and to pay the dues to USEA or its designated local by EFT as indicated. I may revoke this dues deduction authorization by submitting a written directive to the USEA or its designated local. <i>Dues deductions will be on the 10th or 25th day of each month or the next business day if either day falls on the weekend – choose your date on the back of this application.</i></p>
<input type="checkbox"/> Payroll Deduction	<p>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. 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.</p>

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 School Employees Association, 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 National Education Association, the Utah School Employees Association and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

- YES to Membership Commitment** – I want to join with my fellow employees and become a member of the Utah School Employees Association, my local 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 associations. I hereby designate USEA and its local and national affiliates as my exclusive bargaining representatives. I authorize USEA and/or its designee to contact my employer for the purpose of securing verification of my gross annual salary/pay and information related to my benefits (i.e. Health Insurance coverage, leave, etc.). I also authorize USEA to request my contact information including, but not limited to, my physical address, mailing address, phone number, email, work location, hours worked, etc. 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 **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.**

IF YOU SELECTED EFT OPTION ABOVE, COMPLETE THIS EFT – ELECTRONIC FUNDS TRANSFER 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> 	<p><i>I authorize the Utah School Employees Association (USEA) to initiate credit or debit entries to my account with the financial institution named to the side. 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 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 payment shall not constitute the termination of my membership in my local association, USEA or NEA. I further understand that USEA will notify me via email to the address provided on this application if a transaction is rejected and I shall have seven (7) calendar days to provide updated debit account information to continue my payments for annual dues, fees, and assessments. I further understand that if the payment is returned, there will be a \$20.00 charge associated.</i></p> <p><i>Pick one EFT withdrawal date:</i></p> <p><input type="checkbox"/> 10th of each month <input type="checkbox"/> 25th of each month</p> <p>Signature Authorizing EFT : _____ Date: _____</p>

Signatures of the parties to this Agreement that are delivered via fax or scan/email shall have the same legal effect as delivered original signatures.

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