

Please print clearly. All information is confidential.

Personal Information

Last 4 SSN#	
Employee ID#	
Full Name	
Home Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email address (non-work) REQUIRED	
District Name	
Building/Work Site (Primary)	
Local Association	
Your Gender	Female _____ Male _____ Neutral _____
Your Date of Birth (Month, Day, Year)	

Dues Information

IEA member last year? If yes, Local? _____ No _____
 NEA Student member last year? Yes _____ No _____
 Your hire date? _____
 Full Time? Yes _____ No _____ If no, what % of full-time? _____
 (Note: Full time is 51% or more)

Association	Membership Type Code	Annual Dues
NEA Dues		
IEA Dues		
Local Dues		

IEA Children's Fund (optional, 501(c)(3) Organization)	
IEA PACE* (Optional, EFT/CC only . Must use separate form.)	
NEA FCPE** (optional, NEA PAC <u>Authorization on back of form.</u>)	
IEA Dues Hardship Fund (optional)	
IEA Disaster Relief Fund (optional)	
TOTAL ANNUAL DUES	

Position Code (Required) and Subject Code

Enter Position Code	
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Enter Subject Code	
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If an appropriate code is not found in this list, please write the full position name in the Position Code box.

CLTR Classroom Teacher
 CNSL Counselor
 COCH Coach
 COOK Cook/Food Preparation Worker
 CUST Custodian
 BTVD Bus/Truck/Van Driver
 FDSV Food Services
 GRND Groundskeeper
 LIAS Library Assistant/Technician
 LIBR Librarian/Media Specialist
 OTHR Other
 PAED Paraeducator (Instruct/Non-Instruct)
 PRIN Principal/Asst. Principal
 PSYC Psychologist
 READ Reading Specialist
 RGNU Registered Nurse
 SCAS Secretary/Clerk/Admin Srvcs
 SHTH Speech/Hearing Therapist
 SCWK Social Worker
 SDSP Special/Develop Ed.
 SEDA Special Ed Assistant
 SPRV Supervisor/Director
 SCSR Security Services
 SINT Superintendent
 TIPPA Tch. Asst./Instruct. Asst./Prog. Asst.
 TECH Technical Services

If an appropriate code is not found in this list, please write the full subject name in the Subject Code box.

ADED Adult Basic Education
 ENSL English Language Learners
 PHSC Physical Science
 AGNR Agriculture
 FLLI Foreign Language & Lit
 READ Reading
 ARTS Art
 GSUB General Subjects
 SSSS Social Studies/Social Science
 BSED Business Education
 HEPE Health & Physical Education
 SDED Special/Developmental Ed
 COMM Communications
 HOME Home Economics
 SPDR Speech and Drama
 CICS Computer & Info Science
 INAR Industrial Arts
 VTED Vocational & Tech Education
 DRED Driver's Ed.
 MATH Mathematics
 NONE No Subject Taught
 ELAR English/Language Arts
 MUSI Music
 ESCG Earth Sci/Geology
 LISC Life Science
 SCIG Sciences—General

Payment Method

- EFT:** Please fill out a separate EFT authorization form, with a voided check attached & return with this form.
- Cash, Check or Money Order:** Payment in full must be attached for 5% discount on IEA dues only.
- One-time Credit Card payment:** Please fill out a separate credit card payment form & return with this form.
- Payroll Deduction:** By checking this box and signing this agreement, I am authorizing my employer each year to deduct from my pay in each pay period a pro rata portion of the annual dues, fees, and assessments as listed above which is required for membership in my local association, the Idaho Education Association and the National Education Association. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing to my local president prior to the date established by the local association which can be no later than October 15 of any year hereafter; or (b) my employment with my school district ends.

Ethnic Codes

Enter Ethnic Code	
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ETHNIC CODES

- 01 American Indian/Alaska Native
 03 Black
 04 Hispanic
 05 Caucasian (not of Spanish Origin)
 06 Asian
 07 Native Hawaiian/Pacific Islander
 08 Multi-Ethnic
 09 Other
 UK Unknown

SIGNATURE & DATE REQUIRED ON BACK

Membership cannot be finalized without signature and date.
MEMBERSHIP YEAR IS SEPTEMBER 1 THROUGH AUGUST 31

ATTENTION FORMER STUDENT MEMBERS: NEA policy allows a rebate to former NEA student members who join the NEA as active members during their first year of educational employment. The rebate is equal to \$20 for each year of Student membership, up to four years, and is available directly from NEA. Forms are available upon request from your IEA Region office or the IEA Headquarters office.

PLEASE READ CAREFULLY — SIGN OR INITIAL WHERE INDICATED

Forms without member's initials and signature in the required sections will be returned to the prospective member to initial and sign.

Maintenance of Payment (Initials Required)

Member's Initials 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 monthly dues, fees, and assessments established by the governing bodies of the three associations unless I revoke this authorization in a signed writing sent to the local association president prior to the date established by the local association which can be no later than October 15 of any year hereafter. If for any reason my employment is terminated prior to the end of any contract term, the payments for which I am obligated shall be prorated by the number of months I am employed for that contract year. Dues payments are not deductible as charitable contributions for federal or state income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

Consent to Text or Call (Opt-In)

Member's Initials By providing my phone number, I understand that the National Education Association and its affiliates including the Idaho Education 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 Idaho Education Association, and the Local Association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Membership Commitment (Signature below required)

Yes, I want to join with my fellow employees and become a member of the Local Association where I work, the Idaho 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.

Member's signature _____ **Date** _____
(Required) (Required)

Dues dollars are not donated directly to candidates for political office. Any contributions made to PAC funds are VOLUNTARY.

(Note: Please initial below ONLY if you are contributing to IEA PACE and/or NEA Fund)

***IEA Political Action Committee for Education (IEA PACE)**

Member's Initials The IEA Political Action Committee for Education (IEA-PACE) collects voluntary contributions from Association members and uses those contributions for political purposes, including but not limited to, making contributions to and expenditures on behalf of friends of education who are candidates for state or local office. Contributions to IEA-PACE are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although IEA-PACE may request a specific annual contribution, this is only a suggestion. A member may contribute more or less than the suggested amount or may contribute nothing at all without it affecting his or her membership status, rights, or benefits in the IEA or its affiliates. Contributions to IEA-PACE are not deductible as charitable contributions for federal income tax purposes.

****NEA Fund for Children and Public Education (NEA Fund)**

Member's Initials The National Education Association Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to the NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Contributions to the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

Recruiter Name: _____

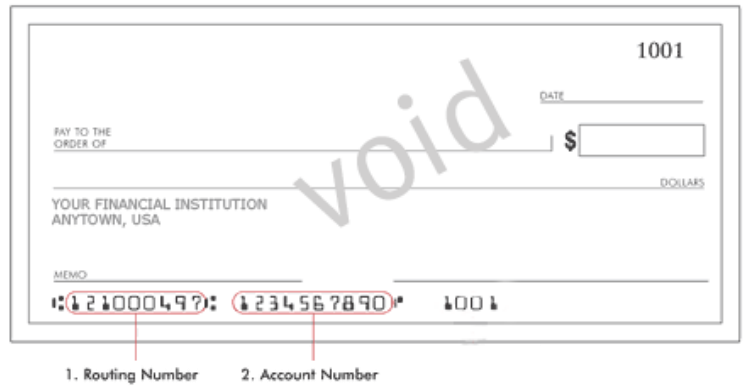
Authorization for Electronic Funds Transfer

I hereby authorize the Idaho Education Association ("IEA") to initiate debit entries to my checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I will not hold my BANK liable for any erroneous debits made by IEA.

This authorization is to remain in full force unless and until I make a written request to the local association president prior to the date established by the local association which can be no later than October 15 of any year to revoke continuing membership, and until the BANK has received notification from me of its termination after that date in such time and in such manner as to afford BANK a reasonable opportunity to act on it. After an account has been charged, a customer has the right to have the amount of the erroneous debit immediately credit to his/her account by BANK up to fifteen (15) days following issuance of statement of account for forty-five (45) days after the charge, whichever occurs first.

Bank Draft Information

This authorization will not be finalized unless a voided personal check is attached.



Your Member ID:	
Your Name:	
Your Local Association:	
Bank Name:	
Bank Routing Number (9 digit):	<input type="text"/>
Bank Account Number:	<input type="text"/>
Total Annual Dues: \$ _____	# of Deductions: _____ Monthly Deduction Amount: \$ _____
Home Email: (Required)	
Signature:	Date:

Please note that payments will be charged the **28th of each month** to your authorized bank account beginning in September (**or the month you enroll**) and will continue to be taken in **equal payments through August**. Should a monthly payment fail for any reason, an automatically generated letter describing options to resolve the failure will be sent to the member via email. If a monthly payment should fail twice within the same membership year, your membership privileges will be suspended until all dues are brought current and you will no longer be eligible for EFT payment of dues for the remainder of the year.



Credit Card Authorization Form

Today's Date _____ Run Date _____ or Next Scheduled

Member Name _____ Member ID# _____

Home Email Address _____

Address – Street _____

Address – City, State, Zip _____

Local Association _____ Phone # _____

Credit Card Information & Authorization

If you wish to pay your dues with a one-time credit card charge, please complete the above information, as well as the following:

**Please note that a one-time dues payment will be charged to your credit card in September (or the month you enroll) and each September thereafter unless you make alternative arrangements for payment of your dues.*

Card Type: MasterCard VISA CC on File **Pay Methods Updated By:** _____

Card number: _____

CVV Code: _____ Expiration date: _____ Total amount authorized: \$ _____

Cardholder Signature: _____

Name on card (please print): _____

Billing address of card: _____

City, State, Zip: _____

Current Active Category Members: *IEA will offer a 5% discount on IEA Active dues only for any currently enrolled IEA member if his/her total dues obligation is paid in full by October 15th of any year.*

New Active Category Members: *IEA will offer a 5% discount on IEA Active dues only for any new member if his/her total dues obligation is paid in full within 30 days of initial enrollment.*

Business Office Use Only:

Date Run: _____ Amount: \$ _____ Auth#: _____ Processed by: _____

One Time Pymt Auto Debit On? Approval _____