



**ARIZONA EDUCATION ASSOCIATION
2020-21 ENROLLMENT FORM
CARTWRIGHT EA**



Please scan completed form to Deb.Ebanks@arizonaea.org

Name: _____

Address: _____ **SSN (last 4 only):** XXX-XX-_____

Apt. #: _____ **Work Location:** _____

City State Zip: _____ **Gender:** _____

Home Phone: _____ **Ethnicity:** _____

Mobile Phone: _____ **Birth Date:** _____

Home E-mail: _____ **Registered Voter?** Yes No

Work E-mail: _____ Democrat Republican Independent None

Certified Full Time Part Time # Hours Per Week: _____ Subject: _____

Classified Full Time Part Time # Hours Per Week: _____ Position: _____

Payment Method

	# of Deductions	Certified Amount*	Classified Amount*	
<input type="checkbox"/> PAYROLL	19	\$35.47	\$21.47	
<input type="checkbox"/> EFT (ATTACH VOIDED CHECK)	20	\$33.70	\$20.40	
Routing# _____				
Account# _____				
<input type="checkbox"/> CREDIT CARD (MC, VISA, AMEX, DISC)				
Card# _____	10	\$67.40	\$40.80	<input type="checkbox"/> Recurring charge on the 10th of each month
Exp. Date _____				<input type="checkbox"/> One-time full-dues charge
<input type="checkbox"/> CHECK	1			

*** Deduction amounts are based on full-time employment and are valid through Jun 9, 2020. Amounts may vary based on date signed, employment status and/or prior membership status.**

By signing this membership form, you agree to allow AEA to resubmit any rejected EFT payment up to two times within 180 days, or any rejected debit/credit card payment up to four times within 16 days of any failed transaction. Payroll deduction occurs as agreed between the Employer and the Association.

EVERY MEMBER OPTION (EMO): AEA annual dues include an EMO assessment in the amount of \$24 for all active members working one-half time or more, which shall be distributed as follows: \$5 for AEA Foundation for Teaching and Learning (Foundation), \$4 for AEA Fund for Public Education (AEA Fund), and \$15 for the AEA Education Improvement and Defense Fund (AEA EIDF). Active members working less than one-half time shall have an EMO of \$12, distributed as follows: \$2.50 for AEA Foundation, \$2 for AEA Fund, and \$7.50 for AEA EIDF. Since 1997, the AEA Foundation has supported teaching and learning in Arizona through over \$950,000 in student scholarships, professional development, opportunities and grants for innovative classroom projects. The AEA Fund and AEA EIDF collect voluntary contributions from Association members and their immediate family members who are U.S. citizens or lawful permanent residents for political purposes, including, but not limited to, supporting legislative initiatives and propositions that further the improvement of education in Arizona and making expenditures to and on behalf of friends of public education who are candidates for state office. All contributions to the AEA Fund and AEA EIDF are voluntary and not a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. The voluntary EMO is \$24, but 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 NEA, AEA, or any of their affiliates. Members desiring a refund from EMO may request a Refund Request Form by calling 800-352-5411. The member must mail the Refund Request Form to Membership postmarked or hand-delivered within thirty (30) days of signing this application form. AEA will mail a refund check after receipt of the Refund Request Form. Contributions to the AEA Fund are not deductible as charitable contributions for federal or Arizona income tax purposes.

By providing my phone number, I understand that the National Education Association (NEA) and its affiliates including Arizona Education Association (AEA), 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, AEA, and local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

By signing this form, I agree to become a member of the local association, the Arizona Education Association (AEA), and the National Education Association (NEA) and to abide by the Constitution and Bylaws of all three associations. I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through any payment method accepted by AEA unless and until I revoke this authorization in a signed writing sent to AEA, with such revocation being effective upon thirty (30) days' written notice. I understand that by signing this membership form, I am confirming my understanding and agreement to the above.

Signature: _____ Date: _____

Recruiter (please print name): _____ Date: _____