



# 2021-2022 MEMBERSHIP APPLICATION

## Davis/Utah/National Education Associations

Please return this form to your DEA Representative or send to:  
DEA Membership, PO Box 500, Farmington, UT 84025

Member #: \_\_\_\_\_

|   |  |   |  |   |                                    |   |  |  |  |
|---|--|---|--|---|------------------------------------|---|--|--|--|
| SOCIAL SECURITY NUMBER – LAST FOUR<br>XXX-XX-____   |  | DISTRICT EMPLOYEE NUMBER  |  | HIRE DATE (MM/DD/YYYY)  |                                    | BIRTHDATE (MM/DD/YYYY)                        |  | <input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST ASPIRING |  |
|   |  |   |  |   |                                    |   |  | <input type="checkbox"/> INTERN <input type="checkbox"/> MEMBER          |  |
| LEGAL NAME (FIRST, MIDDLE, LAST)  |  |   |  | LOCAL ASSOCIATION (SCHOOL DISTRICT)<br><i>Davis Education Association</i> |                                    |   |  |  |  |
| PREFERRED NAME / NICKNAME   |  | <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE<br><input type="checkbox"/> GENDER EXPANSIVE/NON-CONFORMING<br><input type="checkbox"/> SELF DESCRIBED: _____   |  | CURRENT SCHOOL/WORK LOCATION  |                                    |   | PREVIOUS MEMBER TRANSFERRED FROM                 |  |  |
| ADDRESS   |  |   |  | NONWORK EMAIL <input type="checkbox"/> PREFERRED                          |                                    |   |  |  |  |
| CITY  |  | STATE   |  | ZIP   |                                    | WORK EMAIL <input type="checkbox"/> PREFERRED |  |  |  |
| CELL PHONE*<br>( )  |  | SECONDARY PHONE<br>( )  |  | SUBJECT   |                                    |   |  | GRADE  |  |
| POSITION<br>(Major Assignment)  |  | <input type="checkbox"/> CLASSROOM TEACHER <input type="checkbox"/> INSTRUCTIONAL SPECIALIST <input type="checkbox"/> COUNSELOR<br><input type="checkbox"/> ADMINISTRATOR (Directly Hires, Evaluates, Transfers, Disciplines or Dismisses) <input type="checkbox"/> SPEECH/HEARING THERAPIST <input type="checkbox"/> LIBRARIAN/MEDIA SPEC<br><input type="checkbox"/> SPECIAL ED <input type="checkbox"/> COACH <input type="checkbox"/> CURRICULUM SPEC <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> OTHER: _____ |  |   |                                    |   |  |  |  |
| RACE (Optional)**   |  | <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> LATIN(O/A/X), HISPANIC, AND CHICAN(O/A/X) <input type="checkbox"/> NATIVE AMERICAN/ALASKA NATIVE<br><input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SELF IDENTIFY: _____  |  |   |                                    |   |  |  |  |
| MONTHLY DUES DEDUCTION  | PAYROLL DEDUCTION<br>(10 Payroll Deductions Sep 30-Jun 30) |   |  | CREDIT CARD/EFT<br>(10 CC/EFT Deductions Oct 3-Jul 3)                     |                                    |   | Children At Risk Foundation (CARF)*** (optional) |  |  |
|   | <input type="checkbox"/> FULL-TIME                         | <input type="checkbox"/> HALF-TIME  |  | <input type="checkbox"/> FULL-TIME  | <input type="checkbox"/> HALF-TIME |   |  |  |  |
|   | \$ 71.80 / month   | \$ 37.05 / month  |  | \$ 71.80 / month  | \$ 37.05 / month                   |   | \$ / month                                       |  |  |
| Dues payments are not deductible as charitable contributions for federal income tax purposes. |  |   |  |   |                                    |   |  |  |  |
| <input type="checkbox"/> Payroll Deduction  |  | The district is hereby authorized and directed to deduct the specific sum certified by UEA or DEA, and to pay the dues to UEA or DEA by payroll deduction. I may revoke this dues deduction authorization by submitting a written directive to DEA or the District.   |  |   |                                    |   |  |  |  |
| <input type="checkbox"/> EFT - Electronic Funds Transfer                                      |  | The UEA is hereby authorized and directed to deduct the specific sum certified by UEA or DEA and to pay the dues to UEA or DEA by EFT or Credit Card as indicated. I may revoke this dues deduction authorization by submitting a written directive to the UEA or DEA. <i>Dues deductions will be on the third day of each month or the next business day if the third falls on the weekend.</i>  |  |   |                                    |   |  |  |  |
| <input type="checkbox"/> Credit Card  |  |   |  |   |                                    |   |  |  |  |
| <input type="checkbox"/> Check/Cash   |  | I hereby agree to pay to the UEA annual dues for the current membership year and each year thereafter.  |  |   |                                    |   |  |  |  |

**\*Telephone Consumer Protection Act (TCPA) Consent** – By providing my phone number, I understand that the National Education Association and its affiliates including the Utah 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 Utah Education Association and the 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.

- YES to Membership Commitment** – I want to join with my fellow employees and become a member of the Davis Education Association, the Utah 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 hereby designate and empower the Davis Education Association as my exclusive bargaining agent.
- YES to Annual Payment Authorization** – 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 that those annual amounts, due on September 1 are subject to periodic change by the governing bodies of the associations but may not exceed three percent (3%) of my monthly salary. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or other arrangements unless I revoke this authorization in a signed writing sent to the local association for which the authorization is set to be cancelled.

**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.**

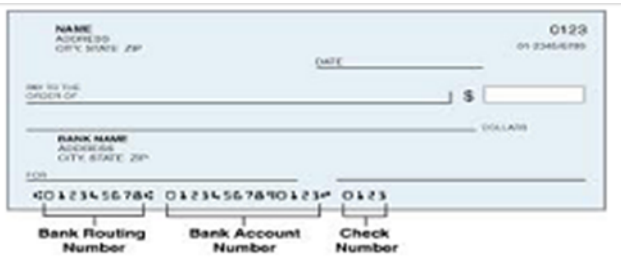
|                    |      |
|--------------------|------|
| MEMBER'S SIGNATURE | DATE |
|--------------------|------|

|             |
|-------------|
| REFERRED BY |
|-------------|

—Please See Information on Reverse Side—

PACKET

| EFT – ELECTRONIC FUNDS TRANSFER INFORMATION  | CREDIT CARD INFORMATION   |
|--|---|
| <p><b>Please attach a voided check for checking account. (No deposit slips)</b></p> <p>Name on Account: _____</p> <p>Billing Address: _____</p> <p>Bank Name: _____</p> <p>Account Type:    <input type="checkbox"/> Checking    <input type="checkbox"/> Savings</p> <p>Bank Routing # (9 digits): _____</p> <p>Bank Account #: _____</p> | <p>Name on Account: _____</p> <p>Billing Address: _____</p> <p>Credit Card Number: _____</p> <p>Exp. Date ____/____/____ CVV: _____</p> <p>Name as it appears on the card: _____</p> <p><i>I authorize the Utah Education Association (UEA) or DEA to initiate credit or debit entries to my account with the financial institution named above. 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 in the event one or more of the governing bodies of NEA or its affiliates authorizes a change in the amount of annual dues, fees and/or assessment, the UEA or DEA will notify me by email or home mailing address not less than (10) days in advance of processing any changes to the transactions amount as described in the payment summary. Following notice, I authorize the UEA or DEA to adjust the amount to be debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule.</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 credit card payment shall not constitute the termination of my membership in the NEA. I further understand that UEA or DEA will notify me in writing if a transaction is rejected and I shall have seven (7) calendar days to provide updated debit account information, or with an accepted alternative method of payment, to continue my payments for annual dues, fees, and assessments.</i></p> <p>Signature: _____ Date: _____</p> |



**\*\*Race and Ethnicity** – Race and Ethnicity information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, UEA or any of their affiliates. This information will be kept confidential.

**\*\*\*Children At Risk Foundation (CARF)** – CARF is a nonprofit foundation whose aim is to improve education, health and opportunities for at-risk students. A voluntary contribution to the Children at Risk Foundation of \$1.00 is suggested.

**1) What year did you enter the profession?**

(YYYY)

**2) I am:**

- Already a member
- Transferring from another school district
- Joining the Association today
- I would like more information about membership

**3) 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)

**4) 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*

**5) 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