



**ARIZONA EDUCATION ASSOCIATION  
ENROLLMENT FORM  
TUCSON EA**



**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                            | 20              | \$35.14           | \$18.01            |   |
| <input type="checkbox"/> EFT (ATTACH VOIDED CHECK)          | 20              | \$35.14           | \$18.01            |   |
| Routing# _____  |                 |                   |                    |   |
| Account# _____  |                 |                   |                    |   |
| <input type="checkbox"/> CREDIT CARD (MC, VISA, AMEX, DISC) |                 |                   |                    |   |
| Card# _____   | 10              | \$70.28           | \$36.02            | <input type="checkbox"/> Recurring charge on the 10th of each month |
| Exp. Date _____   |                 |                   |                    | <input type="checkbox"/> One-time charge                            |
| <input type="checkbox"/> CHECK                              |                 |                   |                    |   |

\* Deduction amounts are based on full-time employment and are valid through May 31, 2019. 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 for insufficient or uncollected funds 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. Please note EFT deductions occur twice per month. ATTACH VOIDED CHECK. Payroll deduction occurs as agreed by the Employer and the association.

Dues payments are not deductible as charitable contributions for federal income tax purposes but may be deductible as a miscellaneous itemized deduction, other than the 2 percent of their AEA dues attributable to lobbying expenses on the state and national level.

EVERY MEMBER OPTION (EMO): AEA annual dues include an EMO assessment in the amount of \$12 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 \$3 for the AEA Education Improvement Fund (AEA EIF). AEA-Retired members and those active members working less than one-half time shall have an EMO of \$6, distributed as follows: \$2.50 for AEA Foundation, \$2 for AEA Fund, and \$1.50 for AEA EIF. 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 EIF 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 EIF 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 \$12, 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.

With full knowledge of the above, I agree to become a member of the local association, the Arizona Education Association, and the National Education Association and to abide by the Constitution and Bylaws of all three associations. I authorize payment of my membership dues as revised annually in the payment method selected. I agree to pay the full dues for this membership period, and I understand that my membership will be automatically renewed each year, and the appropriate amount will be deducted per the adopted payment schedule, unless I revoke this authorization in writing on or before September 1 of any year. I understand NEA/AEA legal services are only available for matters that occur after I became a member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recruiter (please print name): \_\_\_\_\_ Date: \_\_\_\_\_