



Membership Enrollment Form Information

LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS				LOCAL ASSOCIATION
CITY	STATE	ZIP CODE	LAST 4 DIGITS OF SOCIAL SECURITY NO. XXX-XX _____	
*CELL PHONE	WORK PHONE	HOME PHONE	E-MAIL ADDRESS	
*By providing my cellular phone number, I understand that NEA and its affiliates including NSEA, NEA-SN, NEA Member Benefits, and NEA 360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. NEA, NSEA and NEA-SN 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 instructions.				
EMPLOYER		POSITION TITLE		WORK LOCATION
SHIFT (Please describe in hours – i.e. 3-11pm)		HOURS WORKED PER DAY		MONTHS PER YEAR
MEMBERSHIP TYPE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		METHOD OF PAYMENT: <input type="checkbox"/> EFT/Credit Card <input type="checkbox"/> Cash		

* The information requested in the next box is optional and failure to answer it will in no way affect your membership status, rights or benefits in NEA, NSEA, or your local association.

SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE: ____/____/____	ETHNIC CODE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Black	REGISTERED VOTER: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, party affiliation: <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> Non-Partisan
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NEA Fund for Children and Public Education Authorization for Payment

The National Education Association Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members and uses these contributions 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. Although the NEA Fund requests an annual contribution of \$15, 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 NEA or any of its affiliates. Contributions or gifts to the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits the NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

Yes, I will contribute \$_____ per dues payment for this purpose.

Signature _____

Date _____

NSEA Together in Politics (NSEA-TIP) Authorization for Payment

The NSEA-TIP 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 public education who are candidates for state office. Making a voluntary contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to make a voluntary contribution without suffering any reprisal. A member may voluntarily contribute more or less than the suggested amount (\$2.00 per dues payment), or may contribute nothing at all without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. Contributions or gifts to NSEA-TIP are not deductible as charitable contributions for federal income tax purposes.

Yes, I want to contribute \$2.00 per dues payment. Yes, I want to contribute \$_____ per dues payment.

ENROLLMENT

Yes – I want to join with my fellow employees and become a member of the NEA-SN, the Nevada State 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. My signature authorizes NEA-SN to negotiate for me before the Clark County School District, as provided in Nevada Revised Statutes, those items affecting my salary, hours and terms and conditions of employment and to represent me in other matters affecting the professional services of education personnel and the quality of education. To the extent that NEA-SN is not currently an employee organization recognized as the exclusive representative for purposes of collective bargaining, I understand the NEA-SN will seek to obtain that status.

I agree to pay all annual dues, fees and assessments required for membership in the NEA-SN, the Nevada State Education Association and the National Education Association, and any contribution amount authorized above for NSEA-TIP and/or NEA Fund for Children and Public Education, in accordance with the agreed-upon method of payment indicated above. 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, unless my obligation to do so ends under one of the circumstances set forth below. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to the address below between July 1 and July 15 of the membership year immediately preceding the membership year for which the authorization is to be revoked, or as otherwise designated by the negotiated agreement; or (b) my employment with the Clark County School District ends. Dues are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as a miscellaneous itemized deduction.

Signature _____

Date _____

3511 East Harmon Ave., Las Vegas, NV 89121

WITHDRAWAL OF MEMBERSHIP & REVOCATION OF DUES DEDUCTION AUTHORIZATION

I hereby notify Clark County Education Association (CCEA) that I withdraw my membership in CCEA, effective immediately. Further, I revoke the authorization previously given to CCEA and the Clark County School District to have my dues, etc. automatically deducted from my paychecks, effective for the 2018/2019 school year. Per the provisions of my original membership enrollment form with CCEA and section 4 of Article 8 of the collective bargaining agreement between CCEA and the Clark County School District, it is my expectation and intent that this withdrawal of authorization for dues deduction will be delivered by NSEA to CCEA at 4230 McLeod Drive, Las Vegas, NV 89121, and if received by CCEA between July 1, 2018 and July 15, 2018 my dues will no longer be deducted from my paychecks beginning with the first pay period for the 2018/2019 school year.

Printed Name _____

Signature _____

Date _____