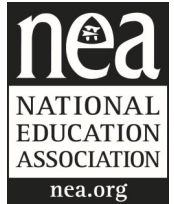




JOIN TODAY
TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

CEA / NEA MEMBERSHIP FORM
 September 1, 2020 - August 31, 2021



*Great Public Schools
for Every Student*

PRINT, USE PEN

School ID # _____

Local Association: _____ School/Worksite: _____

First Name _____ MI _____ Last Name _____

Mailing Address _____ City _____ Zip Code: _____

Cell Phone _____ By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB /NEA360 may use automated calling, pre-recorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can rescind this authorization at any time.

Personal Email _____ Date of Birth: (month) _____ (day) _____ (year) _____

Ethnicity: _____ (#4 on back) Gender: _____ (#5 on back) US Citizen: Yes No (#3 on back)

Registered Voter : Yes No Political Affiliation: Republican Democrat Independent Other

MEMBERSHIP TYPE:		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time or less (#6 on back)	
<input type="checkbox"/> Active K-12 Teacher or College Faculty and Transitional Retiree	<input type="checkbox"/> Principal / Assistant Principal	
<input type="checkbox"/> Active Education Support Professional (ESP)	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other: _____
POSITION: _____ SUBJECT: _____		

Check here for CEA First-Year Reduced Dues (This is the first year you have ever been employed by any public school district in the US.)

PAYMENT: Payroll Deduction Electronic Funds Transfer (EFT) separate form required

I REQUEST AND VOLUNTARILY ACCEPT MEMBERSHIP IN THESE ASSOCIATIONS. I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA – as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local association's or state's governing documents. I also authorize modifications of the associations' dues. (#1 on back)

MEMBER SIGNATURE (required)

DATE (required)

ASSOCIATION REP NAME at WORK SITE (please print)

Annual Dues	
NEA	\$ _____
CEA	\$ _____
Local	\$ _____
UniServ	\$ _____
Total	\$ _____
Per Month	\$ _____
Contact local for dues	

*The Colorado Education Association works collectively to provide the
best public education for every student.*

COLORADO EDUCATION ASSOCIATION
MEMBERSHIP FORM
SEPTEMBER 1, 2020—AUGUST 31, 2021

1. **I understand my membership is voluntary.** I fully understand that the annual association 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 the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$43 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$21.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, coloradoea.org. CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at coloradoea.org. Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option

4. Ethnicity information is optional.
5. Gender information is optional. Current choices for gender are: Female, Male, Transgender Female, Transgender Male, Gender Expansive/Non-Conforming, Other
6. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1,440 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
7. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
8. Your information is confidential. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.