

## 2018-2019 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 FOU	R DISTRI	STRICT EMPLOYEE NUMBER HIRE DA		TE (MM/DD/YYYY)	BIRTHDATE (MM/DD/YY	(YY) INEW HIR	E PAST STUDENT MEMBER
LEGAL NAME (FIRST, MIDDLE, LAST)			Davis Education Association				
PREFERRED NAME / NICKNAME			IALE	CURRENT SCHOOL/V	VORK LOCATION	PREVIOUS MEMBER	TRANSFERRED FROM
ADDRESS							
CITY STATE		ZIP					
CELL PHONE ( ) See below for TCPA Consent*	SECONE (	)		SUBJECT			GRADE
POSITION Classroom Teacher Coach Counselor Related Servers Librarian/Media Spec Principal/Asst. Principal							
(Major Assignment) Reading Spec Curriculum Spec Administrator (directly hires, evaluates, transfers, disciplines or dismisses) Special/Development Ed							
ETHNIC GROUP		anic origin) □ Asian cific Islander   □ M	Black ulti-Ethni		□ Native American// □ Other	Alaska Native	

MONTHLY DUES DEDUCTION			Children At Risk Foundation (CARF)*** (optional)	
10 deductions by EFT/Credit Card or Payroll deduction (Sep 30-Jun 30)	\$ 64.40 / mo	\$ 33.35 / mo	\$ /mo	

Dues payments (or a portion) are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible as a miscellaneous itemized deduction.

<ul> <li>EFT - Electronic Funds Transfer</li> <li>Credit Card</li> <li>(Enter EFT or Credit Card payment information on reverse side)</li> </ul>	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 DEA or UEA. <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>
Check/Cash.	I hereby agree to pay DEA or UEA annual dues for the current membership year and each year thereafter.
Payroll Deduction.	The District is hereby authorized and directed to deduct the specific sum certified by DEA and to pay the dues to DEA by payroll deduction. I may revoke this dues deduction authorization by submitting a written directive to the District.

By signing this application, I understand and agree: (1) membership is unified with the NEA, UEA and DEA and I agree to the governing documents of each association; (2) membership is annual beginning September 1 and automatically renews annually thereafter; (3) membership dues may change from year to year but may not exceed three percent of my monthly salary; (4) dues may be paid monthly, however, the financial obligation for membership is an annual fee and any early cancellation will result in a dues obligation for the remaining portion of the year of membership; and (5) I hereby designate and empower the Davis Education Association as my exclusive bargaining agent.

MEMBER'S SIGNATURE	DATE

\*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 Davis Education 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 Davis Education 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.

\*\*Ethnic Group – Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, UEA or DEA. 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.

EFT – ELECTRONIC FUNDS	TRANSFER INFORMATION
NAME	0123
CITY STATE ZP 01	2345/8780
Ner 10 h-4	
DOLLARS	
BANK NAME ADDRESS CITY, STAFE ZP	
*0123456784 01234567890123# 0123	
Bank Routing Bank Account Check Number Number Number ank Name:	_
ccount Type: Checking Savings	
ank Routing # (9 digits):	_
ank Account #:	_
Please attach a voided check for che	
redit Card Number:	Exp. Date / CVV:
ame as it appears on the card:	
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Office Use: Worksite ID						