



JOIN TODAY

TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

CEA / NEA MEMBERSHIP FORM
September 1, 2018 - August 31, 2019



PRINT, USE PEN

Last 4 of Social Security # _____ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

Local Association: _____ School/Worksite: _____

First Name _____ MI _____ Last Name _____

Mailing Address _____ City _____ Zip Code: _____

Cell Phone _____ Home Phone _____

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

Ethnicity: _____ Gender: _____ US Citizen: Yes No (see #4 on back of form)

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

MEMBERSHIP TYPE: Full-time Part-time or less (see #5 on back of form)
 Active K-12 Teacher or College Faculty and Transitional Retiree Principal / Assistant Principal
 Active Education Support Professional (ESP) Substitute 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 Check/Credit Card Electronic Funds Transfer (EFT) separate form required

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. (see #1 on back of form)

MEMBER SIGNATURE (required) _____ DATE (required) _____

ASSOCIATION REP NAME and WORK SITE (please print) _____

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

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