



JOIN TODAY
TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION



CEA / NEA MEMBERSHIP FORM
 September 1, 2019 - August 31, 2020

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 _____ **School Email:** _____

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:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time or less (see #5 on back of form)
<input type="checkbox"/> Active K-12 Teacher or College Faculty and Transitional Retiree	<input type="checkbox"/> Active Education Support Professional (ESP)	<input type="checkbox"/> Substitute	<input type="checkbox"/> Principal / Assistant Principal
<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 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	