

Membership and Authorization for Salary Deduction 2010-11

Pikes Peak Education Association - Colorado Education Association - National Education Association

Please Print

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ School Phone: _____

Home Email: _____ School Email: _____

School District: _____

Building Name: _____

Subject (for classroom teachers only): _____

Position: I am a (an) (circle one):

- Classroom Teacher (K-12)
- Instructional Specialist/TOSA
- Counselor
- Library Information Specialist
- Special/Developmental Education
- Nurse
- Psychologist

Birth Date: ____/____/____
Mo./ Day / Yr.

Social Security Number
(required)

Gender: Male Female

Are you a U.S. citizen? _____

Social Worker

Other: _____

Classified Employee (Education Support Personnel) (secretary, paraprofessional, transportation employee, custodian, aide, etc.)

Membership Dues Amounts (check one):

- _____ First Year Employee Dues - I have never before been employed by any public school district or board of cooperative services or higher education institution.
- _____ Certified Employee Dues (Teacher)
- _____ Classified Employee Dues (ESP)
- _____ BOCES Employee

I am employed full-time.

I am employed part-time. *

* For Classified (ESP) Employees 1,440 hours/year or less is PART-TIME.

See back of this form for your dues obligation.

Ethnicity (optional): _____

(American Indian/Alaska Native, Asian/Pacific Islander, African/American, Hispanic/Latino, Caucasian (not of Spanish origin), Multi-ethnic, Unknown)

Political Party Affiliation (optional): _____

(Republican, Democrat, Reform, Green, Independent)

Agreement and Authorization to Deduct Dues:

I understand my membership in the Association will be effective from the date I sign this agreement. Further, I understand that the membership year is from September 1 through August 31st each calendar year.

I hereby request and authorize _____ School District to deduct from my salary the annual dues of the Association in the manner approved by the Board of Education and in the amount as certified by the local education association. My monthly payroll deduction will be \$ _____ (as indicated on the back of this form). In accordance with the Association bylaws, membership dues may be changed on an annual basis and notice shall be provided to the school district by August of each year indicating such change.

This agreement shall remain in full force and effect unless revoked by me in writing by September 15th of any calendar year after the date designated below. By revoking my membership, I agree that any unpaid balance will be withheld from my final paycheck for the year in which membership is terminated. I waive all rights and claims for said monies so deducted and release the local association and the school district from any liability resulting from their reliance upon this agreement. **I have read BOTH SIDES of this agreement.**

Member's Signature

Date

Association Representative's Signature