



ARIZONA EDUCATION ASSOCIATION
2020-21 ENROLLMENT FORM
PHOENIX UHSD CEA



Please scan completed form to Deb.Ebanks@arizonaaea.org

Name: Address: Apt. #: City State Zip: Home Phone: Mobile Phone: Home E-mail: Work E-mail: SSN (last 4 only): Work Location: Gender: Ethnicity: Birth Date: Registered Voter? Yes No Democrat Republican Independent None

Certified Full Time Part Time # Hours Per Week: Subject:
Classified Full Time Part Time # Hours Per Week: Position:

Payment Method

Table with 4 columns: Payment Method, # of Deductions, Certified Amount*, Classified Amount*. Rows include PAYROLL, EFT (ATTACH VOIDED CHECK), CREDIT CARD (MC, VISA, AMEX, DISC), and CHECK.

* Deduction amounts are based on full-time employment and are valid through Jun 9, 2020. Amounts may vary based on date signed, employment status and/or prior membership status.

By signing this membership form, you agree to allow AEA to resubmit any rejected EFT payment up to two times within 180 days, or any rejected debit/credit card payment up to four times within 16 days of any failed transaction. Payroll deduction occurs as agreed between the Employer and the Association.

EVERY MEMBER OPTION (EMO): AEA annual dues include an EMO assessment in the amount of \$24 for all active members working one-half time or more, which shall be distributed as follows: \$5 for AEA Foundation for Teaching and Learning (Foundation), \$4 for AEA Fund for Public Education (AEA Fund), and \$15 for the AEA Education Improvement and Defense Fund (AEA EIDF).

By providing my phone number, I understand that the National Education Association (NEA) and its affiliates including Arizona Education Association (AEA), the local association, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis.

By signing this form, I agree to become a member of the local association, the Arizona Education Association (AEA), and the National Education Association (NEA) and to abide by the Constitution and Bylaws of all three associations. I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides.

Signature: Date:

Recruiter (please print name): Date:

602-264-1774 | 800-352-5411 | 345 E Palm Lane, Phoenix, AZ 85004-1532 | www.arizonaaea.org

T- Shirt Size _____