

njea - 2016-17 NJEA-NEA ACTIVE MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY - All information is entered into NJEA's membership system and must be legible.

New Jersey Education Association
180 West State St., PO Box 1211
Trenton NJ 08607-1211
(609) 599-4561, ex. 4123
FAX: (609) 599-9812
njea.org

YOUR NJEA GEOCODE: 3 1 - 4 0 1 0 - 0 0 - SS# _____

Payroll Deduction OR Cash

DATE OF EMPLOYMENT
____/____/____

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS STREET _____

I am a new NJEA member
 I am a member transferring to another district PIN _____

CITY _____ STATE _____ ZIP _____

I work in TWO districts PIN _____

CELL* PHONE HOME PHONE

My position has changed to:
Change Effective ____/____/____

SCHOOL PHONE DATE OF BIRTH ____/____/____
Optional

Please check the box next to your preferred contact number.

HOME EMAIL _____ SCHOOL EMAIL _____

COUNTY OF EMPLOYMENT PASSAIC

Required to receive temporary membership card DISTRICT PATERSON

FULL NAME OF LOCAL ASSOCIATION PATERSON EA

BUILDING CODE _____ ENTER BUILDING NAME IF CODE IS NOT LISTED _____

PLEASE CHECK ONE BOX IN EACH CATEGORY -- See reverse side for additional details

MEMBER CENSUS - check one

- Caucasian
- Black/African-American
- Mexican-American (Chicano)
- Hispanic
- Asian-American
- American Indian
- Alaskan Native
- Pacific Islander

POSITION - check one

- 01 Teacher
- 02 Paraprofessional/Aide
- 03 Custodian
- 04 Transportation
- 05 Food Service
- 06 Security
- 07 Secretary/Clerk
- 08 Administrator
- 09 Supervisor
- 11 Other Professional
Nurse, guidance, librarian, child study, specialist, etc.
- 13 - Other ESP
Educational Support Professional

WORK WEEK - check one

- Full-Time - 20 hours or more
- Part-Time - Less than 20 hours
- 1/4 Time* - Less than 10 hours
** Impacts NEA dues only*

ANNUAL SALARY - check one

- \$18,500 or more
- Less than \$18,500

CLASSIFICATION - check one

- I am a classroom teacher
(or nurse, guidance, librarian, etc.)
- ESP employee
- I am NOT a classroom teacher
See back for definitions

GENDER - check one

- Female Male

Language preference other than English: _____

MEMBERSHIP ELIGIBILITY - check one

- I am eligible for local membership (*I am a member of the bargaining unit.*)
- I am NOT eligible for local membership (*I am not a member of the bargaining unit.*)

If "other" is checked (11 or 13) above, please list job title: _____

ANNUAL AMOUNTS ARE BILLED OVER 10 MONTHS (Sept.-June)

NATIONAL \$ 187 STATE \$ 866 COUNTY \$ 51.50 LOCAL \$ 155 ANNUAL TOTAL \$ _____
113.50 424 27.50 155

ref. esp

I hereby request and authorize the disbursing officer of the above school district to deduct from my earnings, until notified of termination, an amount required for current year membership dues and such amounts as may be required for dues in each subsequent year, all as certified by the affiliated and unified organizations, such amounts to be paid to such person as may from time to time be designated by the local association. This authorization may be terminated only by prior written notice from me effective **January 1 or July 1** of any year. I waive all right and claim for monies so deducted and transmitted and relieve the board of education and its officers from any liability therefore. Dues payments may be deductible as a miscellaneous itemized deduction. This application may be revoked without deductions within 15 calendar days of signature.

I would like to make the following **monthly** voluntary contributions.
**See reverse side for additional details*

NJEA Political Action Fund/NEA Fund for Children and Public Education

\$ _____

Local Association Philanthropic Fund

\$ _____

SIGNATURE OF MEMBER

X

YOUR SIGNATURE IN THIS BOX authorizes NJEA to add the voluntary monthly amounts listed above to your annual dues obligation.

VOLUNTARY \$ _____

TOTAL DUE BY 6/30

(INCLUDES VOLUNTARY IF APPLICABLE)

OFFICE USE ONLY:

FROM _____ TO _____

Months billed this year _____

Entered by: _____

SIGNATURE OF MEMBER - REQUIRED _____ DATE _____