

njea NJEA-NEA ACTIVE MEMBERSHIP APPLICATION

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

APPLY ONLINE →



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: _____ SCHOOL PHONE DATE OF BIRTH ____/____/____
Optional

Change Effective ____/____/____
PLEASE CHECK THE BOX NEXT TO YOUR PREFERRED CONTACT NUMBER.

HOME EMAIL _____ SCHOOL EMAIL _____

COUNTY OF EMPLOYMENT PASSAIC DISTRICT PATERSON
Required to receive temporary membership card

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

<p>MEMBER CENSUS - check one</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> Mexican-American (Chicano)</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian-American</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Alaskan Native</p> <p><input type="checkbox"/> Pacific Islander</p> <p>GENDER - check one</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Language preference other than English: _____</p>	<p>POSITION - check one</p> <p><input type="checkbox"/> 01 Teacher</p> <p><input type="checkbox"/> 02 Paraprofessional/Aide</p> <p><input type="checkbox"/> 03 Custodian</p> <p><input type="checkbox"/> 04 Transportation</p> <p><input type="checkbox"/> 05 Food Service</p> <p><input type="checkbox"/> 06 Security</p> <p><input type="checkbox"/> 07 Secretary/Clerk</p> <p><input type="checkbox"/> 08 Administrator</p> <p><input type="checkbox"/> 09 Supervisor</p> <p><input type="checkbox"/> 11 Other Professional <i>Nurse, guidance, librarian, child study, specialist, etc.</i></p> <p><input type="checkbox"/> 13 Other ESP <i>Educational Support Professional</i></p> <p>If "other" is checked (11 or 13), please list job title: _____</p> <p>MEMBERSHIP ELIGIBILITY - check one</p> <p><input type="checkbox"/> I am eligible for local membership (<i>I am a member of the bargaining unit.</i>)</p> <p><input type="checkbox"/> I am NOT eligible for local membership (<i>I am not a member of the bargaining unit.</i>)</p>	<p>WORK WEEK - check one</p> <p><input type="checkbox"/> Full-Time - 20 hours or more</p> <p><input type="checkbox"/> Part-Time - Less than 20 hours</p> <p><input type="checkbox"/> 1/4 Time* - Less than 10 hours <i>* Impacts NEA dues only</i></p> <p>ANNUAL SALARY - check one</p> <p>Threshold: <u>\$19,110.00</u></p> <p><input type="checkbox"/> Above low earning threshold</p> <p><input type="checkbox"/> Below low earning threshold</p> <p>CLASSIFICATION - check one</p> <p><input type="checkbox"/> I am a classroom teacher <i>(or nurse, guidance, librarian, etc.)</i></p> <p><input type="checkbox"/> ESP employee</p> <p><input type="checkbox"/> I am NOT a classroom teacher <i>See back for definitions</i></p>
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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 _____

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

NATIONAL \$ 189 STATE \$ 897 COUNTY \$ 51.50 LOCAL \$ 155 ANNUAL TOTAL \$ 1292.50

rof ESP \$ 115.50 \$ 438 \$ 27.50 \$ 155 \$ 736

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.

VOLUNTARY \$ _____
TOTAL DUE BY 6/30

(INCLUDES VOLUNTARY IF APPLICABLE)

SIGNATURE OF MEMBER - REQUIRED _____ DATE _____

OFFICE USE ONLY:

FROM _____ TO _____

Months billed this year _____

Entered by: _____