

PAYROLL DEDUCTION MEMBERSHIP ENROLLMENT FORM



ALABAMA EDUCATION ASSOCIATION
SEPTEMBER 1 - AUGUST 31
2018-2019



AEA USE ONLY	UD DISTRICT NUMBER	
AEA MEMBER ID NUMBER		

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

Social Security Number	*Date of Birth: 00/00/0000	*Gender: (Circle One) M F	Check if previous STUDENT MEMBER <input type="checkbox"/>
First Name	M.I.	Last Name	
Apt. #	Address		
City	State	Zip Code	

CONTACT INFORMATION

CELL PHONE (___ ___ ___) - ___ - ___	PERSONAL EMAIL:
TEXT*: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*Data and messaging rates apply</small>	OTHER EMAIL:

ETHNIC INFORMATION - PLEASE "X" ONE

<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> MULTI-ETHNIC
<input type="checkbox"/> AFRICAN AMERICAN/BLACK	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> CAUCASIAN/NOT SPANISH ORIGIN	<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER	<input type="checkbox"/> OTHER

MEMBERSHIP INFORMATION

LOCAL ASSOCIATION NAME: _____

WORK LOCATION / SCHOOL NAME: _____

ASSOCIATION	MONTHLY AMOUNT
AEA/NEA	
LOCAL DUES	
*ACT <small>(42¢ monthly) *Voluntary Contribution</small>	
TOTAL	

MEMBERSHIP TYPE - PLEASE "X" ONE

Active / Certified

ESP / Support

Active (part-time)

ESP (part-time)

POSITION CODES - PLEASE "X" ONE

<input type="checkbox"/> ADMN Administrator*	<input type="checkbox"/> CUST Custodian	<input type="checkbox"/> COOK Cook/Food Prep Worker	<input type="checkbox"/> SCOT Secretary/Clerk/Admin
<input type="checkbox"/> ATHL Athletic Director*	<input type="checkbox"/> CLTR Classroom Teacher	<input type="checkbox"/> LPNU Licensed Practical Nurse	<input type="checkbox"/> BTVD Bus/Truck/Van Driver
<input type="checkbox"/> PRIN Principal/Assistant Principal*	<input type="checkbox"/> INSP Instructional Specialist	<input type="checkbox"/> RGNU Registered Nurse	<input type="checkbox"/> OTHR Other:
<input type="checkbox"/> SINT Superintendent*	<input type="checkbox"/> COCH Coach	<input type="checkbox"/> LIBR Librarian/Media Specialist	
<input type="checkbox"/> SPRV Supervisor/Director*	<input type="checkbox"/> CNSL Counselor	<input type="checkbox"/> PPOT Paraprofessional/Aide	

* Directly hires, evaluates, transfers, disciplines, or dismisses

SURVEY QUESTIONS

<p>1) What year did you enter the profession?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (YYYY)</p> <p>2) I am:</p> <p><input type="checkbox"/> Already a member</p> <p><input type="checkbox"/> Transferring from another district</p> <p><input type="checkbox"/> Joining the Association today</p> <p><input type="checkbox"/> Interested in receiving more information about membership</p>	<p>3) Our Association provides resources and support to educators to ensure student success. How can we help you in your career and practice as an educator?</p> <p><input type="checkbox"/> Student Behavior / Classroom Management</p> <p><input type="checkbox"/> Curriculum Assistance</p> <p><input type="checkbox"/> Access to Mentors and/or Coaches</p> <p><input type="checkbox"/> Working with Parents</p> <p><input type="checkbox"/> Working with Administrators</p> <p><input type="checkbox"/> Understanding Your Evaluation/ Observation Process</p>	<p>4) Our Association works to ensure every school provides our students with the opportunities to succeed. Which of the following issues are most important to you?</p> <p><input type="checkbox"/> Social and Racial Justice</p> <p><input type="checkbox"/> Economic Justice</p> <p><input type="checkbox"/> Parental and Community Engagement</p> <p><input type="checkbox"/> Fully-funded Schools</p> <p><input type="checkbox"/> Conditions in the Workplace</p> <p><input type="checkbox"/> Education Policy—policy that impacts your school at the local, state and/or national level</p> <p><input type="checkbox"/> Political Advocacy—advocate for policies that ensure all students get the opportunities they deserve</p>	<p>5) Our Association advocates for conditions that retain high-quality educators for students. Which of these are of interest to you?</p> <p><input type="checkbox"/> Compensations & Contracts</p> <p><input type="checkbox"/> Educator Rights & Responsibilities</p> <p><input type="checkbox"/> Health Care & Insurance</p> <p><input type="checkbox"/> Pension & Retirement Benefits</p> <p><input type="checkbox"/> Student Debt and/or Finances</p> <p><input type="checkbox"/> Stretching Your Paycheck</p>
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Payroll Deduction: I authorize my employer to deduct from my salary and pay, in accordance with the agreed-upon payroll deduction procedure, (Section 16-22-6, Code of Alabama, 1975), the professional dues as established annually/monthly, as indicated above for the 2018-2019 membership year and every year thereafter provided that I may revoke this authorization for a succeeding membership year by giving written notice to that effect to AEA business office on or before September 15 of that year. If employment is terminated, amounts still owed under this authorization shall be deducted from my final pay due.

*Not required for AEA membership.

MEMBER SIGNATURE	DATE	LOCAL ASSOCIATION REPRESENTATIVE SIGNATURE
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