

PAYROLL DEDUCTION MEMBERSHIP ENROLLMENT FORM



**ALABAMA EDUCATION
ASSOCIATION**
SEPTEMBER 1 - AUGUST 31
2017-2018



AEA USE ONLY	UD DISTRICT NUMBER	
AEA MEMBER ID NUMBER		

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

First Name		M.I.		Last Name	
Social Security Number	-	-			CHECK IF PREVIOUS STUDENT MEMBER <input type="checkbox"/>
Apt. #	Address				
City				State	Zip Code

CONTACT INFORMATION

Cell Phone (___ ___ ___)									Personal Email:
Text*: <input type="checkbox"/> YES <input type="checkbox"/> NO	*Data and messaging rates apply							Work 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 Name: _____

Work Location: _____

MEMBERSHIP TYPE - PLEASE "X" ONE

ACTIVE FULL TIME DUES		ACTIVE PART TIME DUES		ESP FULL TIME DUES		ESP PART TIME DUES	
Association	MONTHLY AMOUNT	Association	MONTHLY AMOUNT	Association	MONTHLY AMOUNT	Association	MONTHLY AMOUNT
AEA/NEA		AEA/NEA		AEA/NEA		AEA/NEA	
LEA		LEA		LEA		LEA	
*ACT (42¢ monthly) *Voluntary Contribution		*ACT (42¢ monthly) *Voluntary Contribution					
TOTAL		TOTAL		TOTAL		TOTAL	

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/Assist 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) How long have you been in education?</p> <p><input type="checkbox"/> First Year</p> <p><input type="checkbox"/> 1-5 Years</p> <p><input type="checkbox"/> 6-10 Years</p> <p><input type="checkbox"/> 10+ Years</p> | <p>3) Which of the following issues are most important to you?</p> <p><input type="checkbox"/> School Funding Issues</p> <p><input type="checkbox"/> Conditions in the Workplace</p> <p><input type="checkbox"/> Social and Racial Justice</p> <p><input type="checkbox"/> Parental and Community Engagement</p> <p><input type="checkbox"/> Education Policy (<i>testing, student loans, etc.</i>)</p> <p><input type="checkbox"/> Respect and Recognition</p> <p><input type="checkbox"/> Wages and Benefits</p> <p><input type="checkbox"/> Meeting the Needs of Students in Poverty</p> | <p>4) Which of the following issues would be most interesting to you?</p> <p><input type="checkbox"/> Degrees Not Debt</p> <p><input type="checkbox"/> Political Advocacy</p> <p><input type="checkbox"/> Social and Economic Justice</p> <p><input type="checkbox"/> Education Policy</p> <p><input type="checkbox"/> Student Bullying / Suicide Prevention</p> <p><input type="checkbox"/> Child Nutrition</p> <p><input type="checkbox"/> Privatization/Outsourcing</p> |
| <p>2) What areas of support would be most useful to help you and your students succeed?</p> <p><input type="checkbox"/> Student Discipline</p> <p><input type="checkbox"/> Classroom Management</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/Supervisors</p> <p><input type="checkbox"/> Professional Development Programs or Trainings</p> | | |

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 2017-2018 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.

MEMBER SIGNATURE	DATE	LOCAL ASSOCIATION REPRESENTATIVE SIGNATURE

IMPORTANT: PLEASE FORWARD WHITE COPY TO AEA UNISERV DIRECTOR

YELLOW COPY: MEMBER'S COPY