



PLEASE COMPLETE WITH BALLPOINT PEN – PRESS HARD – PRINT LEGIBLY

Association Membership Enrollment Form



First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_
Individual ID # \_\_\_\_\_
Home address \_\_\_\_\_ Apt.# \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
Home phone \_\_\_\_\_ \*\*Cell \_\_\_\_\_
Personal email \_\_\_\_\_

\*\* By providing my phone number, I understand that the Connecticut Education Association, National Education Association, local association, NEA Member Benefits, and NEA360 may communicate with me through automated calling techniques, and/or text messages on my cell phone on a periodic basis.

I am a new CEA member I I have been a CEA member I I have been a member in another state

OPTIONAL INFORMATION
Gender: Female, Male, Transgender Female, Transgender Male, Gender Expansive/ Non Conforming, Other
Race (check one): American Indian/ Alaska Native, Asian, Black, Hispanic, Native Hawaiian/Pacific Islander, White, Multiple races, Other

Local Association (no abbreviations) \_\_\_\_\_ ID code \_\_\_\_\_
Work location (school building) \_\_\_\_\_ ID code \_\_\_\_\_

NEA membership type (choose one): Active Professional FT 51-100% AC-1-100, Active Professional PT 26-50% AC-1-50, Active Professional QTR 1-25% AC-1-25, Reserve RS -1-0
CEA membership type (choose one): Active Professional FT 51-100% AC-0-100, Active Professional PT 26-50% AC-0-50, Active Professional QTR 1-25% AC-0-25, Reserve RS-0-0

\*NEA dues amount + \*CEA dues amount + \*Local dues amount = Total dues amount

\*The above dues amounts must be completed.

Employment date of hire \_\_\_\_\_

Position code \_\_\_\_\_ Subject code \_\_\_\_\_ (see codes on back of form)

Join us! NEA and CEA and your local association's members are united every day to guarantee a great public education for every student.

MEMBERSHIP COMMITMENT: YES! I want to join my fellow employees and become a member of the local association, the Connecticut Education Association (CEA), and the National Education Association (NEA).

ANNUAL PAYMENT AUTHORIZATION: YES! I hereby agree to pay the annual (Sept. 1 - Aug. 30) dues, fees, and assessments established by the three associations in consideration for the services the unions provide.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

Member's signature \_\_\_\_\_ Date signed \_\_\_\_\_

<b>POSITION</b>	<b>CODE</b>	<b>SUBJECT</b>	<b>CODE</b>
Administrator**	ADMN	Accounting	ACCT
Adult Educator	ADED	Agric and Natrl Resources	AGNR
Classroom Teacher	CLTR	Art	ARTS
Classroom Teach/Dept. Head	CLOT	Basic Ed Curriculum	BEDC
Coach	COCH	Basic Skills and Remed Ed	BSRE
Curriculum Specialist	CRSP	Bilingual Ed	BIED
Librarian/Media Specialist	LIBR	Biology	BIOL
Literacy Coach	LITC	Business Ed	BSER
No Position Held	NONE	Business Math	BSMA
Other	OTHR	Chemistry	CHEM
Principal/Assistant Principal**	PRIN	Coaching	COCH
Psychologist	PSYC	Communications	COMM
Reading Specialist	READ	Computer and Info Science	CICS
School Counselor	CNSL	Data Processing	DAPR
Social Worker	SCWK	Distributive Ed/Co-op	DECP
Special/Develop Ed	SDSP	Driver's Ed	DRED
Speech/Hearing Therapist	SHTH	Early Child Develop	ECDE
Superintendent**	SINT	Earth Science/Geology	ESCG
Supervisor/Director**	SPRV	Elementary Education	ELED
Tutor	TUTR	English/Language Arts	ELAR
Unknown	UNKN	English as a Second Lang	ENSL
		Family and Consumer Science	FCSC
		Foreign Language and Lit	FLLI
		Gifted and Talented	GTAL
		Health and Physical Ed	HEPE
		Information Literacy	INLT
		Life Science	LISC
		Mathematics	MATH
		Music	MUSI
		No Subject Taught	NONE
		Other	OTHR
		Physical Sciences	PHSC
		Physics	PHYS
		Reading	READ
		Social Studies/Social Sciences	SSSS
		Special/Develop Ed	SDED
		Special/Dev Ed Early Childhood	SDEC
		Speech and Drama	SPDR
		Speech and Hear Impaired	SHIM
		Technology Education	INAR
		Unknown	UNKN
		Vocational and Tech Ed	VTED

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