

NEW MEMBERSHIP ENROLLMENT



Membership Year ☐ New Member ☐ Transfer

PLEASE PRINT USING UPPER CASE ONLY — USE BLACK OR BLUE INK ONLY				& BILLABLE PARTY ID
Last 4 digits of your Membersi Social Security Number XXX-XX (refer to your IEA me	hip Number 0 0			
Employee ID #			Mei	mbership Category
ormal nameNickname			☐ AC-1-100 Active Professional FT	
Middle name		AC-1-75 Active F AC-1-50 Active F	Professional PT	
Last name			AC-1-25 Active F AC-2-100 Active	
Former name			AC-2-75 Active E	SP (¾)
Home address			AC-2-25 Active ESP QT	
City				Payment Method
State Zip			☐ Payro Association	Il Deduction
*Cell phone		, ,		
Gender Woman Man Transgender Woman			NEA Dues	·
(Optional) Other			IEA-NEA Dues (1) (see back)	·
Ethnicity (Optional) American Indian/Alaska Native Asian Middle Eastern Multi-Ethnic	Black Caucasian (not of His Native Hawaiian/Pacific Islander	panic Origin) Hispanic Other	NEA FCPE (2) (see back)	·
Primary Home Language English Spanish French (Optional)	🗋 German 🔲 Farsi 🔲 Italian 🔲 Jap	panese	Local Dues	
Personal email			IEA Crisis Fund (3) (see back) TOTAL	\$10 \$5 \$2 Other
Work email			challenges facing our scho	e a close-up view of the opportunities and ools. These questions will help us provide the
Employer	Position		support you and your scho	
Worksite (work location name)			your association pro your success with would you like to he	vides support and tools to ensure students. What tools/trainings ear more about?
Please identify your first year employed in education	Employment start date (in this local)	//	Classroom mana	agement (e.g. student behavior,
*By providing my cell phone number, I understand that the National Education Association and its affiliates, including the Illinois Education Association (IEA-NEA) and its affiliates, NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.		relationships with students) Lesson planning Working with mentors/coaches Working with families		
MEMBERSHIP COMMITMENT: YES! I want to join my fellow employees and become a member of the local association, the Illinois Education Association-NEA, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.		accept membership in these	 Collaborating with administrators and colleagues Unpacking professional expectations (e.g. evaluations, observations) 	
ANNUAL PAYMENT AUTHORIZATION: YES! I hereby agree			,	,
contribution to the Illinois Political Action Committee for Edu	issessments established by the three associations in consideration for the services the union provides which includes a contribution to the Illinois Political Action Committee for Education (IPACE).[1] I understand that those annual amounts are ubject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, regardless of my		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?	
membership status, the payment of those annual amounts established by the three associations through payroll deduction [or check]			☐ Social and racial justice	
unless (a) I revoke this authorization in a signed writing sent to the IEA President at the following address: 100 E. Edwards St., Springfield, IL 62704 via U.S. Mail by Sept. 15 of the current membership year for which the authorization is to be cancelled or b)			☐ Meeting the needs of students in poverty ☐ Family and community engagement ☐ Falls for declarate	
my employment ends. Voluntary Contributions: I hereby agree to pay the amounts I'v	re designated above to the NEA Fund f	or Children and Public	Fully funded sch	– Contribution to critical decisions
Education (NEA FCPE) and/or the IEA Crisis Fund[2] [3]. I agree to authorization or my employment ends. I understand that the archange in writing.			affecting my stu	dents, school and district cy – Supporting education policies dents have opportunities to succeed
Payroll Authorization: I hereby authorize my employer (includi	ng any other employer to which my er	nployment is transferred by	Our association ad	vecates for conditions that ratein
law or agreement) to deduct from my pay the pro-rated amour contributions, and forward such amounts to my local association				vocates for conditions that retain ors for all students. Which of these n learning about?
EA-NEA). UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE EGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.		☐ Salary ☐ Educator rights and responsibilities		
Dues payments and contributions or gifts to IPACE, NEA FCPE		ole as charitable	Health care bene Pensions and re	
contributions for federal income tax purposes. The invalidity or unenforceability of any particular provision sh.	all not affect the validity and enforced	hility of other provisions in	Student debt and	-
this Agreement.	annot anect the validity and emorceal	omey of other provisions in	Stretching your Working condition	
Member Signature	Date	1 1		

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- (1) IPACE STATEMENT: Your annual IEA dues include a \$30.00 contribution to IPACE which may be used to support candidates for local or state office. A different amount may be established annually by IEA. These contributions are voluntary and not required as a condition of employment or membership in any organization. A refund of this amount may be obtained if written notification is given by the member to IPACE, 100 E. Edwards St., Springfield, IL 62704, prior to Dec. 31 of the current school year. IPACE refund request forms can be obtained from the IEA Government Relations Department. Contributions to IPACE are not deductible as charitable contributions for federal income tax purposes.
- (2) NEA FCPE STATEMENT: The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to the NEA fund. Contributions to the NEA fund are voluntary; making a contribution is neither a condition of employment nor membership in the association, and members have the right to refuse to contribute without suffering any reprisal. Contributions to the NEA fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.
- (3) IEA CRISIS FUND STATEMENT: This IEA Crisis Fund provides direct financial assistance to help alleviate financial burdens incurred by members who are on strike. The IEA suggest that active members voluntarily contribute \$2.00, or more, annually to the IEA Crisis Fund. Contributions to the IEA Crisis Fund are voluntary and are not required as a condition of employment or membership in any organization. You also may donate directly to the IEA Crisis Fund by visiting the IEA website at https://ieanea.org. Contributions to the IEA Crisis Fund are not deductible as charitable contributions for federal income tax purposes.

