



1500 West Fourth Street
 Little Rock, AR 72201-1064
 Phone: (501) 375-4611
 Toll Free: (800) 632-0624
 www.aeonline.org



MEMBERSHIP ENROLLMENT FORM

PERSONAL INFORMATION

First Name _____ MI _____

Last Name _____

Home Address _____

_____ Apt _____

City _____

State _____ Zip _____ Last 4 of SSN _____

Land Line _____

Cell Phone* _____
**See reverse for information*

Home Email _____

Facebook User Name _____

Twitter User Name _____

Receive Texts Yes _____ No _____

POSITION (See Reverse)	SUBJECT (See Reverse)	POLITICAL PREFERENCE
_____	_____	_____

MEMBERSHIP INFORMATION

Local Association _____

Employer/School District _____

Building/Work Site _____

ASSOCIATION	MEMBERSHIP TYPE	CODE	ANNUAL AMOUNT
NEA	Prof. FT <input type="checkbox"/>	AC-1-100	\$196.00
	ESP FT <input type="checkbox"/>	AC-2-100	\$119.50
	Substitute <input type="checkbox"/>	SB-0-0	\$ 15.00
	Other <input type="checkbox"/>	_____	_____
AEA	Prof. FT <input type="checkbox"/>	AC-1-100	\$361.00
	ESP FT <input type="checkbox"/>	AC-2-100	\$155.00
	Substitute <input type="checkbox"/>	SB-0-0	\$ 25.00
	Other <input type="checkbox"/>	_____	_____
LOCAL DUES			
TOTAL			

AEA, NEA and the local education association are unified. Membership is required in all organizations.

Method of Payment: Payroll Deduction Check Transfer Electronic Funds Transfer **Must include voided check.**

See back for free insurance information.

For educators and educational support professionals who desire to enroll online, log on to www.aeonline.org and link to the NEA site. Enter the required information including your credit card.

MEMBERSHIP, DUES PAYMENT AND DUES DEDUCTION AUTHORIZATION

Yes, I want to join with my fellow employees and be a committed member of the Local Association, the Arkansas Education Association (AEA), and the National Education Association (NEA). I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations, as they may be amended from time to time. I support the Local Association in its role as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment.

I hereby (1) agree to pay annual dues uniformly required for membership in the Local, AEA and NEA; and (2) request and authorize my Employer to deduct from my pay in each pay period, and transmit to AEA or its designated agent, a pro rata portion of the annual dues required for membership in the Local, AEA and NEA, unless I pay dues by check or EFT. I fully understand that the dues required for membership in the three associations are subject to periodic change by the associations' governing bodies and authorize dues payment on a continuing basis, and regardless of my membership status, unless my obligation to do so ends under one of the circumstances below. This agreement to pay dues continues from year to year, regardless of my membership status, unless: I revoke it by sending written notice via U.S. mail to AEA Membership, 1500 West Fourth Street, Little Rock, AR 72201-1064, not less than thirty (30) days and not more than sixty (60) days before the annual anniversary date of this agreement; my employment with the Employer ends; or as otherwise required by law.

RECRUITER'S PRINTED NAME _____

NEW MEMBER'S SIGNATURE _____

DATE _____

RECRUITER'S SIGNATURE _____

DEMOGRAPHIC INFORMATION (Optional)

Ethnicity African American American Indian/Alaska Native Asian Caucasian Hispanic Multi-Ethnic Native Hawaiian/Pacific Islander Other Unknown

Gender Female Male Non-Binary

Birthdate _____ (mm/dd/yyyy)

HOW CAN WE BEST SUPPORT YOU? (Optional)

1. What year did you enter the profession? _____
2. I am: Already a Member Transferring from another district Joining the Association today Interested in receiving more information about membership
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?
 - Student Behavior / Classroom Management Curriculum Assistance Access to Mentors and/or Coaches Working with Parents
 - Working with Administrators Understanding your Evaluation/Observation Process
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?
 - Social and Racial Justice Economic Justice Parental and Community Engagement Fully Funded Schools Conditions in the Workplace
 - Education Policy-policy that impacts your school at the local, state and national level
 - Political Advocacy-advocate for policies that ensure all students get the opportunities they deserve
5. Our Association advocates for conditions that retain high-quality educators for students. Which of these are you interested in learning about?
 - Compensation & Contracts Educator Rights & Responsibilities Health Care & Insurance Pension & Retirement Benefits Student Debt
 - Stretching Your Paycheck