



JOIN TODAY
TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

CEA / NEA MEMBERSHIP FORM
September 1, 2019 - August 31, 2020



PRINT, USE PEN

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

Local Association: School/Worksite:

First Name MI Last Name

Mailing Address City Zip Code:

Cell Phone Home Phone

Personal Email Date of Birth: (month) (day) (year)

Ethnicity: Gender: US Citizen: Yes No (see #4 on back of form)

Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

MEMBERSHIP TYPE: Full-time Part-time or less
Active K-12 Teacher or College Faculty and Transitional Retiree
Active Education Support Professional (ESP) Substitute
Principal / Assistant Principal
Other:
POSITION: SUBJECT:

Check here for CEA First-Year Reduced Dues (This is the first year you have ever been employed by any public school district in the US.)

PAYMENT: Payroll Deduction Check/Credit Card Electronic Funds Transfer (EFT) separate form required

I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA - as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local association's or state's governing documents. I also authorize modifications of the associations' dues. (see #1 on back of form)

MEMBER SIGNATURE (required) DATE (required)

ASSOCIATION REP NAME and WORK SITE (please print)

The Colorado Education Association works collectively to provide the best public education for every student.

Table with 2 columns: Label, Amount. Rows: Annual Dues, NEA, CEA, Local, UniServ, Total, Per Month. Includes instruction: Contact local for dues