INSTRUCTIONS FOR COMPLETING IEA/NEA MEMBERSHIP APPLICATION Press firmly; you are making three copies. Fill in the circle for "Agency Fee Changing Membership: Enrollment 🔘 Transfer 🔘 Agency Fee Changing to Member 🖨 to Member" or |2|0|1|7|-|2|0|1|8 Membership Year "Enrollment" if new Fill in the Illinois Education Association www.ieanea.org academic year **Ovent Public Schools for Every Student** Illinois Education Association PLEASE PRINT USING UPPER CASE ONLY - USE BLACK OR BLUE INK ONL a mamber fast year, enter ID# from membership card OMOF Complete personal information in Please make sure this area. O PO Bex O Apl. # to provide your You may State personal email; to provide only be used for Union the last 4 Home Email business digits of your Home O Work SS #.) Please **Work Email** Payment Method Fill in the circle for print firmly, Pareli Destuction O Check "Payroll Deduction" and_clearly. O American Indian/Alaska Native (1) O AC-1-108 Active Professional FT O Yes **NEA Dans** O Black (3) **Dues Contribution** O AC-1-50 Active Prefessional PT O No O Hispanic (4) Party Albhation AC-1-25 Active Professional QT Section on the left IEA-NEA Dues (1) O Concesian (not of Spanish Origin) (5) O Democrat AC-2-100 Active ESP FT to be filled out by NEA FCPE (2) O Asian (6) Regublicati O AC-2-60 Active ESP PT membership chair. O Native Hawailan/Pacific Islandar (7) AC-2-25 Active EBP OT O Independent O Mutti-Ethnic-(8) O RS-1-0 Reserve (formet Pretessional) Local Dues O_Dther Q Ditter (8) O RS-Z-O Reservé (former ESP) TOTAL AC-1-25 if part-O Unthown (UK) Assual membaretry does to NEA includes \$5.05 for NEA TODAY, \$3.40 for NEA RETIRED and/or \$5.60 for the Higher Education publicat time faculty: lone. Publications received by members are based at my obserting covergory. Membership is open only to these who a gree to subscribe to the goals and objectives of the Association and to abide by its Constitution and Bytews. "AC-2-100" for Billable Party ID Full-time Staff; Your local AC-2-25 for Part-Employer Name Emplayer ID Building/Work Site <u>(vour campus) College</u> time Staff (1) IPACE STATEMENT; Contributions to TPACE of \$20.00 may be used to support candidates for local or state office. These contributions are voluntary and rice required. dus a condition of members in any organization. A relund of this amount may be obtained if written notification is given by the member to his/her regional UniServ office to be processed through IPACS, 400.5 Fill in your departowards St., Springfield, Illinois 62704-1999, prior to December 31st of the current school year. IPACE refund request forms can be obtained from the Government Relations Department at the ment and building (2) NEA FEPE STATEMENT: The National Education Association Fund for Children and Public Education (NEA FEPE) collects voluntary contributions from Association members and uses these ons for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of education who are candidates for federal office. Contributions to NEA FCPE 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. Although NEA FCPE requests an annual contribution of \$10.00, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute northing at all, without affecting his or her membership status, rights or benefits in NEA or any of its sillulates. Federal law requires NEA FOPE to use its best efforts to collect and report the name, mailing address, occupation and name of the employer for each individual whose NEA FOPE contributions aggregate in excess of \$200.00 in a calendar year. Federal law prohibits NEA FCPE from receiving domainers from persons other than members of NEA and its adillates, and their immediate families. Only U. S. citizens or lawful permanent residents may contribute to the NEA Fund. All donations from persons other than members of NEA and its adillates, and their immediate families. Leave ID Blank (3) ETHNIC STATEMENT: This Information is optional and a failure to answer it will in no way affect your membership status, rights, or benefits in NEA, IEA-NEA, or any of their affiliates. The MEMBERSHIP STATEMENT: 'I hereby agree that my unified membership in IEA-NEA and local Association shall be continuous unless I notify the President of my local Association or the President of the Witness Education Association-REA, in writing, between July 15 and September 15 in any calendar year." 1 hereby authorize the Board of Education to deduct from my salary my professional dives and voluntary contribution to IPACE, as these sums are established or suggested annually to the local REA atfillated education association, and my voluntary contribution to NEA PCPE as indicated above, and to forward such amounts to that local association. This authorization is to continue in force unless revoked by me for a succeeding membership year by giving written notice to that effect to my local association on or before September 15. I understand that if my employment is terminated prior to the deduction of the amounts authorized herein, the unpaid portion of dues and IPACE and NEA FCPE contributions will be deducted from my final check. "Dues payments and contributions or with to NEA FCPE and IPACE are not deductible as charitable contributions for eral income tax purposes. Over payments may be deductible as a miscellaneous itemized deduction." Member Signature Association Representative Stenature Member sign Local rep sign and date and date Revised June 2010 Give the bottom copy to the member; return the top two copies to your Local Membership Chair or mail to: [Name of Local]

Attn: IEA Membership Director 230 W. Monroe St., Suite 2640 Chicago, IL 60606-4902