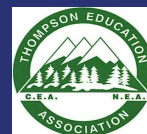


Together. A Stronger Voice.



Step 1: Join! Please Check **BOTH** Boxes Below to Join TEA!

2023 – 2024

MEMBERSHIP COMMITMENT: YES!

I want to join my fellow employees and become a member of the **Thompson Education Association**, the Colorado Education Association (CEA), 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.

ANNUAL PAYMENT AUTHORIZATION: YES!

I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations **through payroll deduction** or the payment method selected below unless I revoke this authorization in a signed writing sent to my local association office or to 1500 Grant St., Denver, CO 80203 via U.S. mail between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled. I understand that a portion of my dues includes a contribution to CEA Every Member Option (EMO) per the terms set forth below.**

Only complete EFT, CC, or Check if payroll deduction is NOT available.

BANK ACCOUNT (EFT)

(must complete separate form: Bank Account (EFT) or Credit/Debit Card Authorization)

CREDIT/DEBIT CARD

CASH OR CHECK

(requires full payment of annual dues)

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.

SIGNATURE:

DATE:

Dues payments are not deductible as charitable contributions for federal income tax purposes.

Employee ID No.:

First Name:

Last Name:

Date of Birth:

Personal Email:

Cell Phone*:

Home Address:

City:

State/ZIP:

Worksite:

Position:

**By providing my cell phone number, I understand that the National Education Association and its affiliates, including the Colorado Education Association (CEA), the Thompson Education, 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.*

Race/Ethnicity:

Native American/Alaska Native

Black or African-American

Latin/o/a/x, Hispanic, or Chicano/a/x

Native Hawaiian/Pacific Islander

Asian White (not Hispanic)

Multiracial Other

Gender:

Female Male

Transgender Female Transgender Male

Gender Expansive/Non-Conforming

U.S. Citizen (only U.S. citizens may contribute to EMO**):

(optional)

Yes No

Membership Type:

Full-time+

Part-time++

Active K-12 Teacher or College Faculty and Transitional Retiree

Principal/Assistant Principal

First-Year Teacher in Any Public School

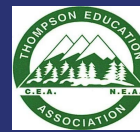
Substitute

Other

*The CEA Active full-time+ membership dues for teachers, building principals, and college faculty includes \$43 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time+ membership dues for Education Support Professionals includes \$21.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members. **The TEA Active full-time+ & part-time++ membership includes \$11 Every Member Option (EMO) for political activities. The TEA will refund the EMO by check if the member notifies TEA in writing before December 15 by email. There is TEA/EMO refund information at thompsoneducationassociation.org*

*The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by email at the CEA website, coloradoea.org. CEA notifies all Active members who join after November 15 about EMO. There is EMO refund information at coloradoea.org. Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. **Only U.S. citizens may contribute to EMO.***

Bank Account (EFT) or Credit/Debit Card Authorization



I agree to pay annual dues and any PAC contribution I have authorized through:

- BANK ACCOUNT (EFT)**
- CREDIT/DEBIT CARD**

BANK ACCOUNT (EFT)

Account Type: Checking Savings

Name on Account:

Address:

City:

State/ZIP:

Name of Bank:

9-Digit Bank Routing Number:

Account Number:

CREDIT/DEBIT CARD (Full-Year Payment Required)

Name on Account:

Billing Address:

City:

State/ZIP:

Card Number:

Exp: (M/Y)

Name as it Appears on Card:

I authorize the Colorado Education Association (CEA) or its designated local to charge my credit/debit card or checking/savings account, as provided above, for annual dues and for any authorized PAC contribution. I further authorize those payments to be made through the initial membership year ending August 31, 2024, and recurring annually thereafter, payable in monthly installments on or around the 27th day of each month, beginning "in October of this year" and/or "the month following the date I sign this agreement" in the amounts set forth below. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$36.10-\$87.35, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA or its affiliates change the amount of annual dues, the CEA or local will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. The total amount of my NEA Fund for Children and Public Education contributions, if any, shall remain fixed unless I notify the CEA of any adjustments to future contribution amounts in writing sent to 1500 Grant St., Denver, CO 80203. Following either notice, I authorize the CEA or local to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to the CEA at 1500 Grant St., Denver, CO 80203 and include my name, address, employer, and membership number. I understand that termination of this authorization will take effect 7 days after receipt by the state association. I further understand that termination of this authorization, or the rejection of any charge or debit, shall not constitute the termination of my membership or dues obligation.

MONTHLY DUES PAYMENT: <i>(for office use only)</i>	FULL-TIME	HALF-TIME	PAC
Eleven (11) payments by Bank Account (EFT) or 1 (one) payment credit/debit card.	\$ /mo.	\$ /mo.	\$ /mo.

SIGNATURE:

DATE: