



NEW MEMBERSHIP ENROLLMENT



Great Public Schools for Every Child

Membership Year _____ New Member Transfer

PLEASE PRINT USING UPPER CASE ONLY — USE BLACK OR BLUE INK ONLY

Last 4 digits of your Social Security Number XXX-XX _____ Membership Number _____
(refer to your IEA membership card)

Employee ID # ffffffff _____

Formal name _____ Nickname _____

Middle name _____

Last name _____

Former name _____

Home address _____

City _____

State _____ Zip _____

* Cell phone _____ Date of birth ____/____/____

Gender Female Male Transgender Female Transgender Male Gender Expansive/Non-Conforming (Optional) Other

Ethnicity (Optional) Native American/Alaska Native Native Hawaiian/Pacific Islander Asian White (not Hispanic) Black or African-American Multiracial Other Latin/a/x, Hispanic, or Chicano/a/x Other

Primary Home Language English Spanish French German Farsi Italian Japanese Chinese Other (Optional)

Personal email _____

Work email _____

Employer _____ Position _____

Worksite (work location name) _____ Subject _____

Please identify your first year employed in education _____ Employment start date (in this local) ____/____/____

* By providing my phone number, I understand that the National Education Association (NEA) and its affiliates, including the Illinois Education Association-NEA (IEA-NEA), the local association, NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. I understand I can unsubscribe from receiving such messages by contacting IEAConnect at 1-844-432-1800. The NEA, IEA-NEA, and my local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

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.

ANNUAL PAYMENT AUTHORIZATION: YES! I hereby agree to pay the annual (Sept. 1 – Aug. 31) dues, fees and assessments established by the three associations in consideration for the services the union provides and hereby authorize my employer (including any other employer to which my employment is transferred by law or agreement) to deduct from my pay such dues, fees and assessments, as well as voluntary contributions to Illinois Political Action Committee for Education (IPACE), as these sums are annually established, and to NEA Fund for Children and Public Education (NEA FCPE), and/or voluntary contributions to IEA Crisis Fund, to forward such amounts to my local association (or IEA-NEA, if the local association is no longer affiliated with IEA-NEA). I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction [or check] 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) my employment ends.

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.

Dues payments and contributions or gifts to IPACE, NEA FCPE and IEA Crisis Fund are not deductible as charitable contributions for federal income tax purposes.

The invalidity or unenforceability of any particular provision shall not affect the validity and enforceability of other provisions in this Agreement.

Member Signature _____

Date ____/____/____
1 of 2

LOCAL NAME & BILLABLE PARTY ID

New Member Information

- AC-1-100 Professional FT AC-2-100 ESP FT
 AC-1-50 Professional PT AC-2-50 ESP PT
 AC-1-25 Professional QT AC-2-25 ESP QT

Use the members projected starting salary for 2023-2024:

Please note: if member is transferring from another IEA affiliated local & remains in the same membership category (above), use 21-22 reported creditable earnings.

Projected starting salary: _____

Refer to the membership type table on page 2 and place member into an income band.

Enter the income dues band number (1-10) here: _____

Enter the corresponding dues amount, below.

Payment Method

- Payroll Deduction Check

| Association | Dues/Contributions |
|--|---|
| NEA Dues | _____ * |
| IEA-NEA Dues (1) <small>(see back)</small> | _____ * |
| NEA FCPE (2) <small>(see back)</small> | <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$1 Other _____ |
| Local Dues | _____ * |
| IEA Crisis Fund (3) <small>(see back)</small> | <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$2 Other _____ |
| TOTAL | _____ * |

As an educator, you have a close-up view of the opportunities and challenges facing our schools. These questions will help us provide the support you and your school need most.

Our association provides support and tools to ensure your success with students. What tools/trainings would you like to hear more about?

- Classroom management (e.g. student behavior, relationships with students)
 Lesson planning
 Working with mentors/coaches
 Working with families
 Collaborating with administrators and colleagues
 Unpacking professional expectations (e.g. evaluations, observations)

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
 Meeting the needs of students in poverty
 Family and community engagement
 Fully funded schools
 Education policy – Contribution to critical decisions affecting my students, school and district
 Political advocacy – Supporting education policies to ensure all students have opportunities to succeed

Our association advocates for conditions that retain high-quality educators for all students. Which of these are you interested in learning about?

- Salary
 Educator rights and responsibilities
 Health care benefits
 Pensions and retirement security
 Student debt and/or finances
 Stretching your paycheck
 Working conditions