



# 2024-2025 MEMBERSHIP APPLICATION

## Nebo/Utah/National Education Associations

Return form to your Association Representative or send to:  
Woodland Peaks UniServ 1220 N Main St. Unit 8, Springville, UT 84663

Member #: \_\_\_\_\_

SOCIAL SECURITY NUMBER – LAST FOUR XXX-XX-_____		DISTRICT EMPLOYEE NUMBER		HIRE DATE (MM/DD/YYYY)		BIRTHDATE (MM/DD/YYYY)		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PAST ASPIRING <input type="checkbox"/> INTERN                      MEMBER	
LEGAL NAME (FIRST, MIDDLE, LAST)					LOCAL ASSOCIATION (SCHOOL DISTRICT)				
PREFERRED NAME / NICKNAME		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> GENDER EXPANSIVE/NON-CONFORMING <input type="checkbox"/> SELF IDENTIFY: _____		CURRENT SCHOOL/WORK LOCATION			PREVIOUS MEMBER TRANSFERRED FROM		
ADDRESS					NONWORK EMAIL (PREFERRED)				
CITY		STATE	ZIP		WORK EMAIL				
CELL PHONE* (      )		SECONDARY PHONE (      )			SUBJECT			GRADE	
POSITION <input type="checkbox"/> CLASSROOM TEACHER <input type="checkbox"/> INSTRUCTIONAL SPECIALIST <input type="checkbox"/> COUNSELOR (Major Assignment) <input type="checkbox"/> ADMINISTRATOR (Directly Hires, Evaluates, Transfers, Disciplines or Dismisses) <input type="checkbox"/> SPEECH/HEARING THERAPIST <input type="checkbox"/> LIBRARIAN/MEDIA SPEC <input type="checkbox"/> SPECIAL ED <input type="checkbox"/> COACH <input type="checkbox"/> CURRICULUM SPEC <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> OTHER: _____									
RACE (Optional)** <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> LATIN(O/A/X), HISPANIC, AND CHICAN(O/A/X) <input type="checkbox"/> NATIVE AMERICAN/ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SELF IDENTIFY: _____									
MONTHLY DUES DEDUCTION	<b>Local EFT - Electronic Funds Transfer</b>						Children At Risk Foundation (CARF)*** (optional)		
	(12 EFT Deductions)								
	<input type="checkbox"/> FULL-TIME			<input type="checkbox"/> HALF-TIME					
\$67.50			\$37.00			\$			
Dues payments are not deductible as charitable contributions for federal income tax purposes.									
<input type="checkbox"/> EFT - Electronic Funds Transfer 12 months through Local UniServ  <i>(Enter EFT payment information on reverse side)</i>				The UEA and Local UniServ is hereby authorized and directed to deduct the specific sum certified by UEA or its designated local and to pay the dues to UEA or its designated local by EFT or Credit Card as indicated. I may revoke this dues deduction authorization by submitting a written directive to the UEA or its designated local. EFT dues deduction will be on the 3 <sup>rd</sup> of each month. I hereby agree to pay annual dues for the current membership year and each year thereafter.					

**\*Telephone Consumer Protection Act (TCPA) Consent** – By providing my phone number, I understand that the National Education Association and its affiliates including the Utah Education Association, the local association, 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.

- YES to Membership Commitment** – I want to join with my fellow employees and become a member of the Nebo Education Association and the Utah Education Association, 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. I hereby designate and empower the Nebo Education Association as my exclusive bargaining agent.
- YES to Annual Payment Authorization** – I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts, due on September 1 are subject to periodic change by the governing bodies of the associations but may not exceed three percent (3%) of my monthly salary. 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 other arrangements unless I revoke this authorization in a signed writing sent to the local association for which the authorization is set to be cancelled.



**I UNDERSTAND 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.**

MEMBER'S SIGNATURE	DATE
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REFERRED BY
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—Please See Information on Reverse Side—

PACKET

EFT – ELECTRONIC FUNDS TRANSFER INFORMATION	Click on the QR code to fill out EFT information online
Name on Account: _____ Billing Address: _____ Bank Name: _____  Account Type:    ___ Checking    ___ Savings Bank Routing # (9 digits): _____  Bank Account #: _____	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Nebo EFT QR code for 12 Months</p> </div> <div style="text-align: center;">  <p>Payroll deduction removal QR code</p> </div> </div>

\*\*Race and Ethnicity – Race and Ethnicity information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, UEA or any of their affiliates. This information will be kept confidential.

\*\*\*Children At Risk Foundation (CARF) – CARF is a nonprofit foundation whose aim is to improve education, health and opportunities for at-risk students. A voluntary contribution to the Children at Risk Foundation of \$1.00 is suggested.

## TELL US MORE

As an educator, you have a close-up view of the opportunities and challenges facing our schools. These questions will help us collectively win for our students and provide you with the tools you need to succeed as an educator.

**1. What year did you enter the profession? (YYYY) \_\_\_\_\_**

**2. Your union provides training, support, and tools to ensure your success. What would you like to learn more about?**

- Building relationships and meeting students' social-emotional needs  
  Family and community engagement  
  Instructional and classroom strategies  
 Health and safety  
  Social justice and racial equity  
  Technology  
  Reducing student debt  
  Saving money with NEA Member Benefits

**3. When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Membership, Leadership &amp; Advocacy</b><br>Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role. | <input type="checkbox"/> <b>Collective Action</b><br>Helping get the word out about bargaining, meet & confer, or other workplace actions.        | <input type="checkbox"/> <b>Leading Our Professions</b><br>Supporting members to grow in their professional practices.                    |
| <input type="checkbox"/> <b>Political Activism</b><br>Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.  | <input type="checkbox"/> <b>School Funding &amp; Education Policy</b><br>Working to increase education funding at my school, district, and state. | <input type="checkbox"/> <b>Thinking About It...</b><br>I'm not ready to volunteer right now but I'm looking forward to staying informed. |