

EFT / RCC / CASH HIGHER-ED MEMBERSHIP ENROLLMENT FORM



ARKANSAS EDUCATION ASSOCIATION SEPTEMBER 1 - AUGUST 31 2019-2020



| | | | | | | | |
|----------------------|--------------------|--|--|--|--|--|--|
| AEA USE ONLY | UD DISTRICT NUMBER | | | | | | |
| AEA MEMBER ID NUMBER | | | | | | | |

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

| | | | | | | | |
|---------------------------------|---------|--|--|------|-------------------------------|--------------------------------------------|-----------------------------------------------------------|
| Social Security Number (last 4) | | | | | *Date of Birth: 00/00/0000 | *Gender: (Circle One) M F | Check if previous STUDENT MEMBER <input type="checkbox"/> |
| First Name | | | | M.I. | | Last Name | |
| Apt. # | Address | | | | | | |
| City | | | | | | State | Zip Code |

CONTACT INFORMATION

| | | | | | |
|-----------------------------------------------------------------|---------------------------------|--|--|--------------|-----------------|
| Cell Phone (___ ___ ___) | | | | | Personal Email: |
| Text*: <input type="checkbox"/> YES <input type="checkbox"/> NO | *Data and messaging rates apply | | | Other Email: | |

ETHNIC INFORMATION

American Indian/Alaska Native Black Hispanic Caucasian/Not Spanish Origin Asian
 Native Hawaiian/Pacific Islander Multi-Ethnic Other Unknown

MEMBERSHIP INFORMATION

Local Name _____

Employer _____

Work Site _____

MEMBERSHIP TYPE: (PLEASE "X" ONE)

FT Prof (Active) PT Prof
 FT ESP (Classified) PT ESP
 Graduate Teaching / Research Assistant
 Other _____

| ASSOCIATION DUES | Monthly | Annual | LOCAL |
|---------------------|---------|----------|-------|
| FT Prof (Active) | \$46.42 | \$557.04 | |
| PT Prof () | \$24.12 | \$289.44 | |
| FT ESP (Classified) | \$22.88 | \$274.56 | |
| PT ESP (Classified) | \$12.42 | \$149.04 | |

PAY METHOD: (PLEASE "X" ONE)

| ONE TIME PAYMENT | MONTHLY INSTALLMENTS |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card | <input type="checkbox"/> EFT (Bank Draft) <input type="checkbox"/> Credit Card |

BANKING INFORMATION (COMPLETE IF SIGNING UP FOR BANK DRAFT AND ATTACH A VOIDED CHECK.)

Bank Name _____

Routing Number (9 digits)

Draft Account Type

Checking Savings

Account Number

CREDIT CARD INFORMATION (COMPLETE IF SIGNING UP FOR CREDIT CARD DRAFT.)

Name on Credit Card _____

Card Type Credit Card Number

VISA

MASTERCARD Exp. Date (MM/YY) / Card 3-Digit Security Code

DISCOVER Exp. Date (MM/YY) / Card 4-Digit Security Code

AMERICAN EXPRESS Exp. Date (MM/YY) / Card 4-Digit Security Code

| ASSOCIATION | MONTHLY AMOUNT | ANNUAL AMOUNT |
|-------------------------------------|----------------|---------------|
| AEA / NEA | | |
| LEA | | |
| *ACPE (\$5 ANNUAL) (42¢ MONTHLY) | | |
| *NEA FUND | | |
| TOTAL | † | |

† This draft will be taken the second of each month unless the second is on a week-end or holiday, which will result in the draft being taken on the next business day.
 * Voluntary Contributions

By providing the information on this form, I authorize the Arkansas Education Association to draft dues and voluntary contributions from my checking, savings, or credit card account as established annually for the current membership year and every year thereafter for the appropriate membership category. This draft will also continue should my credit card information change or I change accounts within the same financial institution. Annual monthly dues amounts may change based on local, state, or national policy. If this happens, I authorize my bank to adjust my monthly draft amount. I agree this draft authorization remains in effect unless I revoke this authorization for a succeeding membership year by giving written notice to that effect to the AEA Business Office on or before September 15th of that year. If employment is terminated, amounts still owed under this authorization shall be drafted for the remainder of the membership year. My signature below acknowledges that I am entering into a binding contract with the Arkansas Education Association.

| | | |
|--|--|--|
| | | |
|--|--|--|

MEMBER SIGNATURE

DATE

LOCAL ASSOCIATION REPRESENTATIVE SIGNATURE

The National Education Association Fund for Children and Public Education (NEA FUND) collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to the NEA Fund 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 the NEA Fund requests an annual contribution of \$15, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. Contributions or gifts to the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of the employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits the NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith. *Not required for AEA membership.

** I understand that any contribution to ACPE will be used to support candidates for local and state offices and are voluntary, given without coercion, and are not required as a condition of membership and that I have the right to refuse to contribute without any reprisal. The NEA will not favor or disadvantage anyone for his or her decision not to contribute. Dues payments and contributions to NEA FUND and ACPE are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction. Federal law requires political committees to report the name, mailing address, occupation and name of each individual who contributes.