# PAYROLL DEDUCTION MEMBERSHIP ENROLLMENT FORM

NEA NATIONAL EDUCATION ASSOCIATION — Great Public Schools for Every Student

ALABAMA EDUCATION ASSOCIATION
SEPTEMBER 1 - AUGUST 31
2016-2017

AEA

| AEA USE ONLY | UD DISTRICT NUMBER | 2 |
|---|---|---|
| | AEA MEMBER ID NUMBER | |

## PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

First Name | M.I. | Last Name

Social Security Number ___ - ___ - ____ | CHECK IF PREVIOUS STUDENT MEMBER ☐

Apt. # | Address

City | State | Zip Code

## CONTACT INFORMATION

| | |
|---|---|
| Home Phone ( _ _ _ ) ___ - ____ | Home Email: |
| Work Phone ( _ _ _ ) ___ - ____ | Work Email: |
| Cell Phone ( _ _ _ ) ___ - ____ | Other Email: |

## ETHNIC INFORMATION - PLEASE "X" ONE

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

## MEMBERSHIP INFORMATION

Local Name: Huntsville Edu. Association

Work Location Name (school): _____

## MEMBERSHIP TYPE - PLEASE "X" ONE

☐ **ACTIVE FULL TIME DUES**

| Association | MONTHLY AMOUNT |
|---|---|
| AEA/NEA | 36.68 |
| LEA | 9.17 |
| *ACT (42¢ monthly) *Voluntary Contribution | |
| TOTAL | 45.85 |

☐ **ACTIVE PART TIME DUES**

| Association | MONTHLY AMOUNT |
|---|---|
| AEA/NEA | |
| LEA | |
| *ACT (42¢ monthly) *Voluntary Contribution | |
| TOTAL | |

☐ **ESP FULL TIME DUES**

| Association | MONTHLY AMOUNT |
|---|---|
| AEA/NEA | 20.01 |
| LEA | 2.09 |
| | |
| TOTAL | 22.10 |

☐ **ESP PART TIME DUES**

| Association | MONTHLY AMOUNT |
|---|---|
| AEA/NEA | |
| LEA | |
| | |
| TOTAL | |

## POSITION CODES - PLEASE "X" ONE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ___ | ADMN | Administrator* | ___ | INSP | Instructional Specialist | ___ | PPOT | Paraprofessional/Aide |
| ___ | ATHL | Athletic Director* | ___ | COCH | Coach | ___ | SCOT | Secretary/Clerk/Admin |
| ___ | PRIN | Principal/Assist Principal* | ___ | CNSL | Counselor | ___ | BTVD | Bus/Truck/Van Driver |
| ___ | SINT | Superintendent* | ___ | COOK | Cook/Food Prep Worker | ___ | OTHR | Other: |
| ___ | SPRV | Supervisor/Director* | ___ | LPNU | Licensed Practical Nurse | | | |
| ___ | CUST | Custodian | ___ | RGNU | Registered Nurse | | | |
| ___ | CLTR | Classroom Teacher | ___ | LIBR | Librarian/Media Specialist | | | |

** Directly hires, evaluates, transfers, disciplines, or dismisses*

Payroll Deduction: I authorize my employer to deduct from my salary and pay, in accordance with the agreed-upon payroll deduction procedure, (Section 16-22-6, Code of Alabama, 1975), the professional dues as established annually/monthly, as indicated above for the 2016-2017 membership year and every year thereafter provided that I may revoke this authorization for a succeeding membership year by giving written notice to that effect to AEA business office on or before September 15 of that year. If employment is terminated, amounts still owed under this authorization shall be deducted from my final pay due.

MEMBER SIGNATURE | DATE | LOCAL ASSOCIATION REPRESENTATIVE SIGNATURE

12/2016

IMPORTANT: PLEASE FORWARD WHITE AND YELLOW COPIES TO AEA UNISERV DIRECTOR

PINK COPY: MEMBER'S COPY