

**DISTRICT TWELVE EDUCATORS' ASSOCIATION
Salary Deduction Authorization Form**

**UNITED EDUCATION PROFESSION
Continuing Membership Agreement**

I hereby voluntarily authorize my membership in the United Education Profession [UEP=District Twelve Educators' Association (DTEA), Colorado Education Association (CEA), and National Education Association (NEA)] to be considered as continuing for this and future years. By providing my cell phone number and email address, I understand and agree that DTEA/CEA/NEA/NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The four affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

I agree to pay the annual UEP dues in the amount and manner approved by the DTEA.

I reserve the privilege of revoking, in writing on the appropriate form through the DTEA and the District Twelve Payroll Department, this authorization for future years on or before October 1 of each school year.

Dues for the 2019-2020 School Year

Regular Contract Per Month:	Full Time: \$75.75	Half Time: \$38.84
First Contract Per Month:	Full Time: \$60.62	Half Time: \$31.28

PLEASE CHECK where appropriate:

Full Time or Half Time First Contract in the Profession: Yes No
(Check ONLY if 1st EVER teaching contract)

PLEASE PRINT:

Name _____ Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
SSN4 only _____ Date of Birth _____
School _____ Subject/Grade Level _____
Employee ID _____ HOME Email Address _____

PLEASE CHECK:

I wish to submit dues through: Payroll Deduction Cash Are you a U.S. Citizen? YES NO

Please read and sign below if dues will be paid through payroll deduction.

County of Adams

School District 12-Five Star Schools

I hereby voluntarily request and authorize School District 12, Adams County, to deduct from my salary the annual dues of the United Education Profession (DTEA, CEA, NEA) in the amount set by the above Association and as certified in writing to the District by the President of the District Twelve Educators' Association. Such amounts deducted shall be remitted to the Treasurer of the DTEA in the manner approved by the Board of Education and the DTEA. This agreement is effective on the date thereof and continues in effect until revoked as set forth in the Dues Deduction article of the Master Agreement.

I hereby waive all right and claim against the Board, the School District, and the officers and agents thereof, for monies deducted and remitted in accordance with this authorization.

CEA/DTEA membership includes \$41 (CEA) and \$24 (DTEA) for Every Member Option (EMO). An active member can be refunded the Every Member Option by notifying CEA in writing before December 15. Contact DTEA in writing for DTEA's EMO refund.

Signature _____ Date _____ (Required)

OPTIONAL: Political Party _____ Registered Voter: Yes No

Ethnicity: American Indian/Alaska Native Asian Black Caucasian not of Hispanic/Latino origin
 Hispanic Multi-Ethnic Native Hawaiian/Pacific Islander Other Unknown