

Kyrene ESPA

FIRST NAME	LAST NAME	LAST 4 OF SOCIAL
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ADDRESS	CITY	ZIP
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CELL PHONE	HOME PHONE
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By providing my phone number, I understand that the National Education Association (NEA) and its affiliates including Arizona Education Association (AEA), the local association (LEA) Member Benefits, and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, AEA, and LEA will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text HELP to 787753 for more information.

HOME EMAIL

WORK EMAIL

RACE & ETHNICITY	DATE OF BIRTH	GENDER
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q CLASSIFIED

- FULL-TIME
 35+
 PART-TIME
 34 – 25
 24 – 15
 14 – 1

WORK LOCATION

POSITION	SUBJECT
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	# OF DEDUCTIONS	CLASSIFIED AMOUNT* 35+	HOURS WORKED PER WEEK*			25-26 DUES
			34-25	24-15	14-1	
PAYROLL	20	\$19.53	\$16.84	\$11.58	\$7.00	TBD
EFT Routing# _____ Account# _____	20	\$19.53	\$16.84	\$11.58	\$7.00	TBD
CREDIT CARD (MC, VISA, AMEX, DISC) Card Number _____ Expiration Date _____ Recurring charge on the 10th of each month One-time charge	10	\$39.05	\$33.68	\$23.15	\$14.00	TBD
CHECK	1					TBD

**Current year (24-25) deduction amounts are based on full time employment and are valid through August 31, 2025. Dues deductions occur September - May.*

EVERY MEMBER OPTION (EMO): AEA annual dues include an EMO assessment in the amount of \$24 for all active members working one-half time or more, which shall be distributed as follows: \$7 for AEA Fund for Public Education (AEA Fund), and \$17 for the AEA Education Improvement and Defense Fund (AEA EIDF). Active members working less than one-half time shall have an EMO of \$12, distributed as follows: \$3.50 for AEA Fund, and \$8.50 for the AEA EIDF. The AEA Fund and the AEA EIDF collect voluntary contributions only from Association members and their immediate family members who are U.S. citizens or lawful permanent residents for political purposes, including, but not limited to, supporting legislative initiatives and propositions that further the improvement of education in Arizona and making expenditures to and on behalf of friends of public education who are candidates for state office. All contributions to the AEA Fund and the AEA EIDF are voluntary and not a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Members desiring a refund from EMO may request a Refund Request Form by calling 800-352-5411. The member must mail the Refund Request Form to Membership postmarked or hand-delivered within thirty (30) days of signing this enrollment form. The Arizona Education Association will mail a refund check after October of the membership year you are joining.

As a participant in the Arizona Education Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2025, but in no event before April 1, 2025—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA and AEA Member Benefits programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2025-2026 membership year in accordance with established payment procedures. The dues listed above are subject to periodic change by the governing bodies of the NEA, AEA, and LEA for the 2025-2026 membership year. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program and AEA member benefits prior to September 1, 2025. The terms of the Early Enrollment program applies through August 31, 2026. Amounts may vary based on date signed, employment status and/or prior membership status, and/or any changes in AEA/NEA and/or LEA dues.

I authorize the AEA to charge my credit/debit card or checking/savings account, as provided above, for annual dues through the initial membership year ending August 31, 2025, and recurring annually thereafter. I understand that if the governing bodies of the associations change the annual dues amount, the AEA or local will notify me in writing at least 10 days before processing the change. I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the associations; or 2) my written notice to terminate this authorization, which must be sent to the AEA at membership@ArizonaEA.org, and include my name, address, and employer. I understand that termination of this authorization will take effect 30 days after receipt by the AEA. I understand that termination of this authorization, or the rejection of any charge or debit, shall not constitute the termination of my membership or dues obligation.

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By signing this form, I agree to become a member of the local association (LEA), the Arizona Education Association (AEA), and the National Education Association (NEA). 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 agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through any payment method accepted by AEA unless and until I revoke this authorization in a signed writing sent to AEA, with such revocation being effective upon thirty (30) days written notice. I understand that by signing this membership form, I am confirming my understanding and agreement to the above.

X _____
SIGNATURE

X _____
DATE

ONLINE FORMS
 ARIZONA EDUCATION ASSOCIATION
 2024-2025 Enrollment Form
 2025-2026 Early Enrollment Form

Please scan completed form to membership@ArizonaEA.org

RECRUITER: FIRST NAME	LAST NAME
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