NJEA-NEA ACTIVE MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY – *All information is entered into NJEA's membership system and* ***must be legible***.

APPLY ONLINE ☐

YOUR NJEA GEOCODE: 07-4060-0__-__

SS# ___ ___ ___ - ___ ___ - ___ ___ ___ ___

☐ Payroll Deduction OR ☐ Cash

DATE OF EMPLOYMENT

__ __ / __ __ / __ __ __ __

☐ I am a new NJEA member

☐ I am a member transferring to another district PIN _____

☐ I work in **TWO** districts PIN _____

☐ My position has changed to:

_____

Change Effective __ __ / __ __ / __ __ __ __

FIRST NAME | MI | LAST NAME

HOME ADDRESS STREET

CITY | STATE | ZIP

CELL* PHONE ☐ | HOME PHONE ☐

SCHOOL PHONE ☐ | DATE OF BIRTH __ __ / __ __ / __ __ *Optional*

PLEASE CHECK THE BOX NEXT TO YOUR PREFERRED CONTACT NUMBER.

HOME EMAIL

Required to receive temporary membership card

COUNTY OF EMPLOYMENT | DISTRICT

FULL NAME OF LOCAL ASSOCIATION (spell-out the name) | BUILDING CODE

PLEASE CHECK ONE BOX IN EACH CATEGORY – *See reverse side for additional details*

MEMBER CENSUS – check one

- ☐ Caucasian
- ☐ Black/African-American
- ☐ Mexican-American (Chicano)
- ☐ Hispanic
- ☐ Asian-American
- ☐ American Indian
- ☐ Alaskan Native
- ☐ Multi-Ethnic
- ☐ Pacific Islander

SEX – check one (optional)

☐ Female ☐ Intersex ☐ Male

GENDER – check one (optional)

- ☐ Cisgender ☐ Transgender
- ☐ Gender non-binary
- ☐ Prefer not to answer

POSITION – check one

- ☐ 01 Teacher
- ☐ 02 Paraprofessional/Aide
- ☐ 03 Custodian
- ☐ 04 Transportation
- ☐ 05 Food Service
- ☐ 06 Security
- ☐ 07 Secretary/Clerk
- ☐ 08 Administrator
- ☐ 09 Supervisor
- ☐ 11 Other Professional *Nurse, guidance, librarian, child study, specialist, etc.*
- ☐ 13 Other ESP *Educational Support Professional*

If "other" is checked (11 or 13), please list job title: _____

WORK WEEK – check one

- ☐ Full-Time – 25 hours or more
- ☐ Part-Time – Less than 25 hours
- ☐ 1/4 Time – Less than 10 hours

ANNUAL SALARY – check one

Threshold: _____

- ☐ Above low earning threshold
- ☐ Below low earning threshold

CLASSIFICATION – check one

- ☐ I am a classroom teacher (or nurse, guidance, librarian, etc.)
- ☐ ESP employee
- ☐ I am NOT a classroom teacher See back for definitions

MEMBERSHIP ELIGIBILITY –

☐ I am NOT eligible for local membership (I am not a member of the bargaining unit.)

VOLUNTARY MONTHLY CONTRIBUTIONS*

I would like to make the following **monthly** voluntary contributions.

**See reverse side for additional details*

NJEA Political Action Fund/NEA Fund for Children and Public Education

$ _____

Local Association Philanthropic Fund

$ _____

SIGNATURE OF MEMBER

X _____

YOUR SIGNATURE IN THIS BOX authorizes NJEA to add the voluntary monthly amounts listed above to your annual dues obligation.

ANNUAL AMOUNTS ARE BILLED OVER 10 MONTHS (*Sept.-June*)

NATIONAL $_____ STATE $_____ COUNTY $_____ LOCAL $_____ ANNUAL TOTAL $_____

$ _____

TOTAL DUE BY 6/30

(INCLUDES VOLUNTARY IF APPLICABLE)

Membership Commitment – Yes, I the undersigned, want to join my colleagues by becoming a member of the local association, county association, New Jersey 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 four associations.

Payment Authorization – Yes, I the undersigned, hereby request and authorize the disbursing officer of the above school district to deduct from my earnings, an amount required for current year membership dues and such amounts as may be required for dues in each subsequent year, all as certified by the affiliated and unified organizations, such amounts to be paid to such person as may from time to time be designated by the local association in consideration for the services the union provides.

I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis the payment of those annual amounts established by the associations through payroll deduction or other arrangement unless I revoke this authorization in a signed writing. This authorization may be terminated only by prior written notice from me at any time. I understand this termination of membership and dues the corresponding dues deductions will cease effective the next **January 1 or July 1 on and other dates set forth in N.J.S.A. 52:14-15.9e**. I waive all rights and claims for monies so deducted and transmitted and relieve the board of education and its officers from any liability therefore. Dues payments may be deductible as a miscellaneous itemized deduction.

I UNDERSTAND THAT 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.

OFFICE USE ONLY:

FROM _____ TO _____

Months billed this year _____

Entered by: _____

SIGNATURE OF MEMBER – *REQUIRED* | **DATE**

FORM A

4328 – 10/2021

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Please retain a copy for your records