

LOCAL ASSOCIATION NUMBER	LOCAL ASSOCIATION NAME/EDUCATIONAL EMPLOYER	BUILDING NAME
--------------------------	---	---------------

SS# (LAST 4 DIGITS) OR PSEA ID#	TITLE	LAST NAME	FIRST NAME	MIDDLE INITIAL
	<input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> DR. <input type="checkbox"/> MS.			

STREET ADDRESS	CITY	STATE	ZIP CODE
----------------	------	-------	----------

EMPLOYMENT LEVEL (✓) PLEASE CHECK ONE					PDE ID#
<input type="checkbox"/> 01 Preschool	<input type="checkbox"/> 03 Elementary	<input type="checkbox"/> 05 High School	<input type="checkbox"/> 07 College	<input type="checkbox"/> 09 Other	
<input type="checkbox"/> 02 Kindergarten	<input type="checkbox"/> 04 Middle Sch./Jr Hg	<input type="checkbox"/> 06 Community/Junior College/Two-Year Associate Degree	<input type="checkbox"/> 08 University		

ESP EMPLOYMENT CODES: (✓) PLEASE CHECK ONE					
<input type="checkbox"/> 601 A-V Technician	<input type="checkbox"/> 603 Maintenance Personnel	<input type="checkbox"/> 605 Secretarial/Clerical	<input type="checkbox"/> 607 Bus Driver	<input type="checkbox"/> 610 Other	<input type="checkbox"/> 612 Health Paraprofessional
<input type="checkbox"/> 602 Custodian	<input type="checkbox"/> 604 Food Service	<input type="checkbox"/> 606 Aide Non Instructional	<input type="checkbox"/> 608 Confidential Personnel	<input type="checkbox"/> 611 Educational Paraprofessional	

DATE OF BIRTH	POLITICAL AFFILIATION	ETHNIC CLASSIFICATION
MO: _____ DAY: _____ YEAR: _____	<input type="checkbox"/> REPUBLICAN <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> OTHER <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> NONE	PSEA is committed to assuring the equitable representation of members of ethnic minority groups at all governance levels of the Association. To help achieve this goal, completion of this section is strongly encouraged. Failure to do so, however, will not affect your membership status, rights or benefits in NEA, PSEA, the local or any of their affiliates. Ethnic minority shall mean those persons designated as ethnic minority by the U.S. Bureau of Census. <i>This information will be kept confidential.</i> <input type="checkbox"/> 05 Caucasian <input type="checkbox"/> 03 Black <input type="checkbox"/> 07 Multiethnic <input type="checkbox"/> 01 American Indian/Alaska Native <input type="checkbox"/> 04 Hispanic <input type="checkbox"/> 08 Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> 06 Biracial
GENDER	AREA CODE	TELEPHONE NUMBER
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	HOME: _____ CELL: _____	

HOME E-MAIL ADDRESS	HAVE YOU EVER BEEN A MEMBER OF PSEA/NEA? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	---

MEMBERSHIP TYPE AND RATES	DUES PAYMENT CALCULATION (SUMMARY)
Pennsylvania is a unified state. The NEA PSEA and local associations may not be joined separately. Dues cannot be pro-rated.	
(✓) PLEASE CHECK ONE ESP MEMBERSHIP (SUPPORT PROFESSIONAL)	
	PSEA DUES (from left) \$ _____ NEA DUES (from left) \$ _____ REGION ASSESSMENT (from left) \$ _____ ARBITRATION ASSESSMENT (from left) \$ _____ LOCAL DUES: \$ _____ PSEA-PACE CONTRIBUTION (from pledge) \$ _____ NEA FUND CONTRIBUTION (from pledge) \$ _____ TOTAL PAYMENT: \$ _____
<input type="checkbox"/> 21- Full-time - hired or joining PSEA/NEA for the first time in September or October working more than 4 hours per day in an 11 or 12 month position OR for paid leave of absence receiving full FT salary	266.00 116.50 5.50 3.00 391.00
<input type="checkbox"/> 22- 3/4 Full-time - hired or joining PSEA/NEA for the first time in November or December working more than 4 hours per day in an 11 or 12 month position OR for paid leave of absence receiving 3/4 FT salary	199.50 116.50 4.50 2.50 323.00
<input type="checkbox"/> 31- 1/2 Full-time - hired or joining PSEA/NEA for the first time in January, February or March working more than 4 hours per day in an 11 or 12 month position OR for paid leave of absence receiving 1/2 FT salary	133.00 70.00 2.75 1.50 207.25
<input type="checkbox"/> 23- School Year - hired or joining PSEA/NEA for the first time in September or October working more than 4 hours per day in a 9 or 10 month position OR for paid leave of absence receiving full SY salary	133.00 116.50 4.50 2.50 256.50
<input type="checkbox"/> 26- 3/4 School Year - hired or joining PSEA/NEA for the first time in November or December working more than 4 hours per day in a 9 or 10 month position OR for paid leave of absence receiving 3/4 SY salary	99.75 116.50 3.50 2.00 221.75
<input type="checkbox"/> 33- 1/2 School Year - hired or joining PSEA/NEA for the first time in January, February or March working more than 4 hours per day in a 9 or 10 month position OR for paid leave of absence receiving 1/2 SY salary	66.50 70.00 2.25 1.25 140.00
<input type="checkbox"/> 24- Greater than 2 hours; up to and including 4 hours - hired or joining PSEA/NEA for the first time in September or October	66.50 70.00 2.50 1.40 140.40
<input type="checkbox"/> 27- 3/4 Greater than 2 hours; up to and including 4 hours - hired or joining PSEA/NEA for the first time in November or December	49.88 70.00 1.90 1.05 122.83
<input type="checkbox"/> 34- 1/2 Greater than 2 hours; up to and including 4 hours - hired or joining PSEA/NEA for the first time in January, February, or March	33.25 46.75 1.25 0.70 81.95
<input type="checkbox"/> 25- Up to and including 2 hours - hired or joining PSEA/NEA for the first time in September or October	33.25 46.75 2.50 1.40 83.90
<input type="checkbox"/> 28- 3/4 Up to and including 2 hours - hired or joining PSEA/NEA for the first time in November or December	24.94 46.75 1.90 1.05 74.64
<input type="checkbox"/> 35- 1/2 Up to and including 2 hours - hired or joining PSEA/NEA for the first time in January, February, or March	16.63 46.75 1.25 0.70 65.33
<input type="checkbox"/> 36- Any ESP category hired or joining PSEA/NEA for the first time on April 1 or later	16.63 46.75 1.25 0.70 65.33

CONTINUOUS PSEA-PACE AND NEA FUND PLEDGE BY PAYROLL DEDUCTION			
<p>PSEA has established a political action committee (PSEA-PACE) to support candidates in state and local elections. PSEA-PACE collects voluntary contributions from Association members and uses those 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 state and local office. The National Education Association Fund for Children and Public Education (NEA FUND) collects voluntary contributions from Association members and uses those 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. Contributions to PSEA-PACE and The NEA Fund are voluntary and members have the right to refuse to contribute without reprisal. A member may contribute more or less than the suggested amount, or not contribute, without affecting his or her membership status, rights, or benefits in NEA, PSEA or any of PSEA's affiliates.</p> <p>Contributions to PSEA-PACE and The NEA Fund are not deductible as charitable contributions for federal or state income tax purposes. Only U.S. citizens or lawful permanent residents may contribute to PSEA-PACE or The NEA Fund. No dues dollars may be given to political candidates.</p> <p>Federal and state law requires PSEA to use its best efforts to collect the name, mailing address, occupation, and the name of the employer for each individual whose contributions to PSEA-PACE aggregate in excess of \$10 in a calendar year or whose contributions to The NEA Fund aggregate in</p>	<p>excess of \$200 in a calendar year. Federal law prohibits The NEA Fund from receiving contributions from persons other than members of the NEA and its affiliates and their immediate families. All contributions from persons other than members of the NEA and its affiliates, and their immediate families, will be returned forthwith.</p> <p>With full knowledge of this information, I agree that my authorization for political action pledges as indicated by the check marks (✓) below and my authorization for payroll deduction, if available, shall continue in force from year to year unless revoked or modified by me by giving written notice to my local association.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;"> PSEA-PACE for State Elections (✓) PLEASE CHECK <input type="checkbox"/> \$26 CONTRIBUTION <input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT) </td> <td style="width:50%; text-align:center;"> NEA Fund for Federal Elections (✓) PLEASE CHECK <input type="checkbox"/> \$6 CONTRIBUTION <input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT) </td> </tr> </table>	PSEA-PACE for State Elections (✓) PLEASE CHECK <input type="checkbox"/> \$26 CONTRIBUTION <input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)	NEA Fund for Federal Elections (✓) PLEASE CHECK <input type="checkbox"/> \$6 CONTRIBUTION <input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)
PSEA-PACE for State Elections (✓) PLEASE CHECK <input type="checkbox"/> \$26 CONTRIBUTION <input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)	NEA Fund for Federal Elections (✓) PLEASE CHECK <input type="checkbox"/> \$6 CONTRIBUTION <input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)		

BY SIGNING THIS MEMBERSHIP FORM, I AM ENROLLING FOR THE 2018-2019 MEMBERSHIP YEAR AND ALSO AGREEING TO MAINTAIN MY MEMBERSHIP IN THE APPROPRIATE CATEGORY EACH MEMBERSHIP YEAR THEREAFTER. THE MEMBERSHIP YEAR IS SEPTEMBER 1 THROUGH AUGUST 31. I MAY REVOKE MY MEMBERSHIP AT ANY TIME, BUT AGREE THAT IF I DO NOT NOTIFY, IN WRITING, MY LOCAL ASSOCIATION, WHEN AVAILABLE, OR PSEA NO LATER THAN OCTOBER 1 OF ANY MEMBERSHIP YEAR I WILL BE RESPONSIBLE TO PAY THE FULL ANNUAL DUES FOR THAT MEMBERSHIP YEAR.

BY PROVIDING MY PHONE NUMBER, I UNDERSTAND THAT THE PENNSYLVANIA STATE EDUCATION ASSOCIATION (PSEA), AND THE LOCAL ASSOCIATION MAY USE AUTOMATED CALLING TECHNIQUES AND/OR TEXT MESSAGE ME ON MY CELLULAR PHONE ON A PERIODIC BASIS. PSEA AND THE LOCAL ASSOCIATION WILL NOT CHARGE FOR TEXT MESSAGE ALERTS. CARRIER MESSAGE AND DATA RATES MAY APPLY. I UNDERSTAND THAT I AM NOT REQUIRED TO AGREE TO AUTOMATED CALLING TECHNIQUES AND/OR TEXT MESSAGES AS A CONDITION OF MEMBERSHIP. IF AT ANY POINT YOU NO LONGER WISH TO RECEIVE TEXT MESSAGES OR CALLS, PLEASE SEND AN EMAIL REQUEST TO optout@psea.org.

DUES PAYMENTS AND CONTRIBUTIONS TO NEA FUND AND PSEA-PACE, IF APPLICABLE, ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL OR STATE INCOME TAX PURPOSES.

SIGNATURE	DATE	HIRE DATE	Local Officer Verification Required PLEASE INITIAL _____/DATE
-----------	------	-----------	---