

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"/> MX. <input type="checkbox"/> MS. <input type="checkbox"/> DR.			

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 IT Support	<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	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"/> DEMOCRAT	<input type="checkbox"/> NONE				
GENDER			AREA CODE	TELEPHONE NUMBER		<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		
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> NON-BINARY	HOME:					
HOME E-MAIL ADDRESS			CELL:			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)						TOTAL PSEA DUES	TOTAL NEA DUES	ESP REGION ASSESSMENT	ESP ARB. FUND DUES ASSESS.	2022-2023 TOTAL DUES OBLIGATION	PSEA DUES (from left)	\$ _____
<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	286.50	122.50	5.50	3.00	417.50	NEA DUES (from left)	\$ _____					
<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	214.88	122.50	4.50	2.50	344.38	REGION ASSESSMENT (from left)	\$ _____					
<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	143.25	73.00	2.75	1.50	220.50	ARBITRATION ASSESSMENT (from left)	\$ _____					
<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	143.25	122.50	4.50	2.50	272.75	LOCAL DUES:	\$ _____					
<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	107.44	122.50	3.50	2.00	235.44	PSEA-PACE CONTRIBUTION (from pledge below)	\$ _____					
<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	71.63	73.00	2.25	1.25	148.13	NEA FUND CONTRIBUTION (from pledge below)	\$ _____					
<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	71.63	73.00	2.50	1.40	148.53	TOTAL PAYMENT:	\$ _____					
<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	53.72	73.00	1.90	1.05	129.67							
<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	35.81	48.25	1.25	0.70	86.01							
<input type="checkbox"/> 25- Up to and including 2 hours – hired or joining PSEA/NEA for the first time in September or October	35.81	48.25	2.50	1.40	87.96							
<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	26.86	48.25	1.90	1.05	78.06							
<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	17.91	48.25	1.25	0.70	68.11							
<input type="checkbox"/> 36- Any ESP category hired or joining PSEA/NEA for the first time on April 1 or later	17.91	48.25	1.25	0.70	68.11							

CONTINUOUS PSEA-PACE AND NEA FUND PLEDGE BY PAYROLL DEDUCTION 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. 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. 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 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. 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.					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center">PSEA-PACE for State Elections (✓) PLEASE CHECK</td> <td align="center">NEA Fund for Federal Elections (✓) PLEASE CHECK</td> </tr> <tr> <td><input type="checkbox"/> \$26 CONTRIBUTION</td> <td><input type="checkbox"/> \$6 CONTRIBUTION</td> </tr> <tr> <td><input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)</td> <td><input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)</td> </tr> </table>	PSEA-PACE for State Elections (✓) PLEASE CHECK	NEA Fund for Federal Elections (✓) PLEASE CHECK	<input type="checkbox"/> \$26 CONTRIBUTION	<input type="checkbox"/> \$6 CONTRIBUTION	<input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)	<input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)	
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MEMBERSHIP COMMITMENT AND PAYMENT AUTHORIZATION			
Membership Commitment: Yes, I choose to become a member of _____ local association, PSEA, and NEA. I voluntarily accept unified membership in these associations and agree to abide by the Constitution and Bylaws of all three associations. I understand that my membership will be continuous unless I provide a written, signed notice to my local association or PSEA that I no longer want to be a member.			
Annual Payment Agreement: I hereby agree to pay the yearly dues established by my local association, PSEA, and NEA for my membership category in consideration for the services provided by the three associations. I understand the amounts may be subject to change each year by the governing bodies of the associations. I agree to payment of those yearly amounts on a continuing basis, through payroll deduction or other arrangement, regardless of my membership status. While I may resign my membership at any time, I agree to pay an amount equal to my full yearly dues, unless I resign my membership through written signed notice to my local association or to PSEA received no later than October 1 of each membership year.			
I UNDERSTAND 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. Any contributions to NEA Fund and PSEA-PACE are not deductible as charitable contributions for federal or state income tax purposes.			
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.			
SIGNATURE	DATE	HIRE DATE	LOCAL OFFICER VERIFICATION