

<b>LOCAL ASSOCIATION NUMBER</b>	<b>LOCAL ASSOCIATION NAME/EDUCATIONAL EMPLOYER</b>	<b>BUILDING NAME</b>

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

<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

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

<b>EA EMPLOYMENT CODES: (✓) PLEASE CHECK ONE</b>			
<b>Classroom Teacher</b> <input type="checkbox"/> 101 Adult Ed <input type="checkbox"/> 102 Art <input type="checkbox"/> 103 Business Ed <input type="checkbox"/> 104 Coach <input type="checkbox"/> 105 Communications <input type="checkbox"/> 106 Computer Science <input type="checkbox"/> 107 Driver Ed <input type="checkbox"/> 108 English/Language Arts <input type="checkbox"/> 109 World Language & Literature <input type="checkbox"/> 110 Health & Physical Education <input type="checkbox"/> 111 Family & Consumer Sciences <input type="checkbox"/> 112 Library Science <input type="checkbox"/> 113 Mathematics	<b>Academic Areas</b> <input type="checkbox"/> 114 Music <input type="checkbox"/> 115 Reading <input type="checkbox"/> 116 Science <input type="checkbox"/> 117 Social Studies <input type="checkbox"/> 118 Speech Therapist <input type="checkbox"/> 120 Technology Ed. <input type="checkbox"/> 121 General Subject <input type="checkbox"/> 122 No Subject <input type="checkbox"/> 123 Other <input type="checkbox"/> 124 Gifted <input type="checkbox"/> 125 Special Education <input type="checkbox"/> 126 Athletic Trainer <input type="checkbox"/> 127 English as Second Language <input type="checkbox"/> 128 Literacy Coach <input type="checkbox"/> 129 Alternative Ed.	<b>Career/Technical Studies</b> <input type="checkbox"/> 201 Agriculture <input type="checkbox"/> 202 Business <input type="checkbox"/> 203 Distributive <input type="checkbox"/> 205 Family & Consumer Sciences <input type="checkbox"/> 206 Technology Ed. <input type="checkbox"/> 207 Trade and Industrial <input type="checkbox"/> 208 Other/Votech <input type="checkbox"/> 209 Nursing Educator <input type="checkbox"/> 210 Physical Therapy Educator <input type="checkbox"/> 211 Occupational Therapy Educator	<b>Higher Ed</b> <input type="checkbox"/> 301 Agriculture <input type="checkbox"/> 302 Architecture <input type="checkbox"/> 303 Biology <input type="checkbox"/> 304 Business <input type="checkbox"/> 305 Communications <input type="checkbox"/> 306 Computer Science <input type="checkbox"/> 307 Education <input type="checkbox"/> 308 Engineering <input type="checkbox"/> 309 English <input type="checkbox"/> 310 Foreign Languages <input type="checkbox"/> 311 Geography <input type="checkbox"/> 313 Family & Consumer Sciences <input type="checkbox"/> 314 Law <input type="checkbox"/> 315 Library <input type="checkbox"/> 316 Mathematics  <input type="checkbox"/> 317 Military Science <input type="checkbox"/> 318 Philosophy <input type="checkbox"/> 319 Physical Science <input type="checkbox"/> 320 Psychology <input type="checkbox"/> 321 Religion <input type="checkbox"/> 322 Social Science <input type="checkbox"/> 323 No Subject <input type="checkbox"/> 324 Other <input type="checkbox"/> 325 Nursing Educator <input type="checkbox"/> 326 Physical Therapy Educator <input type="checkbox"/> 327 Occupational Therapy Educator <input type="checkbox"/> 330 SCUPA <input type="checkbox"/> 340 Graduate Assistant
<b>Administration/Supervision</b> <input type="checkbox"/> 401 Chief/Assistant Administrator <input type="checkbox"/> 402 Supervisor <input type="checkbox"/> 403 Other Administration <input type="checkbox"/> 404 Principal <input type="checkbox"/> 405 Assistant Principal  <b>Pupil Services</b> <input type="checkbox"/> 501 Counselor <input type="checkbox"/> 502 Dental Hygienist <input type="checkbox"/> 503 H & S Visitor <input type="checkbox"/> 504 Certified School Nurse <input type="checkbox"/> 505 School Psychologist <input type="checkbox"/> 508 RN/LPN/Health Room Aide <input type="checkbox"/> 509 School Social Workers <input type="checkbox"/> 506 Occupational Therapist <input type="checkbox"/> 507 Physical Therapist			

<b>DATE OF BIRTH</b>	<b>POLITICAL AFFILIATION</b>	<b>ETHNIC CLASSIFICATION</b>
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>

<b>GENDER</b>	<b>AREA CODE</b>	<b>TELEPHONE NUMBER</b>
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	HOME:   CELL:	<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"/> 02 Asian <input type="checkbox"/> 06 Biracial

<b>HOME E-MAIL ADDRESS</b>	<b>HAVE YOU EVER BEEN A MEMBER OF PSEA/NEA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.																					
<b>(✓) PLEASE CHECK ONE EA MEMBERSHIP (PROFESSIONAL)</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TOTAL PSEA DUES</th> <th>TOTAL NEA DUES</th> <th>2019-2020 TOTAL DUES OBLIGATION</th> <th>PSEA DUES (from left)</th> <th>NEA DUES (from left)</th> <th>LOCAL DUES:</th> <th>REGION ASSESSMENT</th> <th>PSEA-PACE CONTRIBUTION (from pledge below)</th> <th>NEA FUND CONTRIBUTION (from pledge below)</th> <th>TOTAL PAYMENT:</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>	TOTAL PSEA DUES	TOTAL NEA DUES	2019-2020 TOTAL DUES OBLIGATION	PSEA DUES (from left)	NEA DUES (from left)	LOCAL DUES:	REGION ASSESSMENT	PSEA-PACE CONTRIBUTION (from pledge below)	NEA FUND CONTRIBUTION (from pledge below)	TOTAL PAYMENT:				\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL PSEA DUES	TOTAL NEA DUES	2019-2020 TOTAL DUES OBLIGATION	PSEA DUES (from left)	NEA DUES (from left)	LOCAL DUES:	REGION ASSESSMENT	PSEA-PACE CONTRIBUTION (from pledge below)	NEA FUND CONTRIBUTION (from pledge below)	TOTAL PAYMENT:												
			\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____												
<input type="checkbox"/> 10- Active - Annual - hired or joining PSEA/NEA for the first time in September or October and working greater than 75% up to and including 100% of the normal schedule of an active member OR for paid leave of absence receiving full salary	542.00   196.00 <b>738.00</b>																				
<input type="checkbox"/> 11- Active - 3/4 Year - hired or joining PSEA/NEA for the first time in September or October and working greater than 50% up to and including 75% of the normal schedule of an active annual member OR hired or joining PSEA/NEA for the first time in November or December and working greater than 50% up to and including 100% of the normal schedule of an active annual member OR for paid leave of absence receiving 3/4 salary	406.50   196.00 <b>602.50</b>																				
<input type="checkbox"/> 12- Active - 1/2 Year - hired or joining PSEA/NEA for the first time in January, February, or March OR working greater than 500 hours up to and including 50% of the normal schedule of an active annual member OR for paid leave of absence receiving 1/2 salary	271.00   109.50 <b>380.50</b>																				
<input type="checkbox"/> 13- Active - 1/4 Year - hired or joining PSEA/NEA for the first time on April 1 or later OR working less than 500 hours during the school year	135.50   66.50 <b>202.00</b>																				

**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.**

<b>PSEA-PACE for State Elections (✓) PLEASE CHECK</b> <input type="checkbox"/> \$52 CONTRIBUTION <input type="checkbox"/> \$ _____ OTHER CONTRIBUTION (ENTER AMOUNT)	<b>NEA Fund for Federal Elections (✓) PLEASE CHECK</b> <input type="checkbox"/> \$15 CONTRIBUTION <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.**

Dues payments, and any contributions to NEA Fund and PSEA-PACE are not deductible as charitable contributions for federal or state income tax purposes.

SIGNATURE _____	DATE _____	HIRE DATE _____	LOCAL OFFICER VERIFICATION _____
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