



THE PENNSYLVANIA STATE EDUCATION ASSOCIATION
NATIONAL EDUCATION ASSOCIATION
EARLY ENROLLMENT FORM FOR 2017-2018 MEMBERSHIP YEAR



LOCAL ASSOCIATION NUMBER		LOCAL ASSOCIATION NAME/EDUCATIONAL EMPLOYER		BUILDING NAME
SS# OR PSEA ID#	TITLE	LAST NAME	FIRST NAME	MIDDLE INITIAL
<input type="checkbox"/> MRS. <input type="checkbox"/> MR. <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	

EMPLOYMENT CODES: (✓) PLEASE CHECK ONE				
Classroom Teacher <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	Academic Areas <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	Career/Technical Studies <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 Education <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	Higher Ed <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
				Pupil Services <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"/> 506 Occupational Therapist <input type="checkbox"/> 507 Physical Therapist

DATE OF BIRTH		POLITICAL AFFILIATION		ETHNIC CLASSIFICATION	
MO	DAY	YEAR	<input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> INDEPENDENT <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="radio"/> 05 Caucasian <input type="radio"/> 03 Black <input type="radio"/> 07 Multiethnic <input type="radio"/> 01 American Indian/Alaska Native <input type="radio"/> 04 Hispanic <input type="radio"/> 08 Native Hawaiian or other <input type="radio"/> 02 Asian <input type="radio"/> 06 Biracial <input type="radio"/> Pacific Islander
GENDER		AREA CODE	TELEPHONE NUMBER		
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		HOME:			
		CELL:			

HOME EMAIL ADDRESS _____

As a participant in the _____/Pennsylvania State Education Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive – prior to September 1, 2017, but in no event before April 1, 2017 – benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs, without membership in PSEA/NEA/Local Association for the 2016-2017 membership year.

As a condition of eligibility for these benefits, I agree to pay the appropriate unified **ACTIVE** membership dues for the 2017-2018 membership year in accordance with established payment procedures. 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 prior to September 1, 2017.

Pennsylvania is a unified state. The NEA, PSEA and local associations may not be joined separately. Dues cannot be prorated. Please check only one category below. **NOTE: The rates are the rates in effect for 2016-2017 PSEA/NEA membership year and are provided for information purposes only. I understand that I am agreeing to pay the 2017-2018 dues rate which is expected to be slightly higher than the current dues listed, and that the listed rates do not include local association dues.**

___10	Active Annual	2016-2017 RATES
___12	Active: Half Year	704.00
___13	Active: Less than 500 hours	363.50
		193.50

Effective Sept. 1, 2017, I authorize my employer, _____, to deduct from my pay an amount to be determined by the Association in equal deductions determined by the local association.

BY SIGNING THIS MEMBERSHIP FORM, I AM ENROLLING FOR THE 2017-2018 MEMBERSHIP YEAR AND ALSO AGREEING TO MAINTAIN MY MEMBERSHIP IN THE APPROPRIATE CATEGORY EACH MEMBERSHIP YEAR THEREAFTER. I MAY REVOKE MY MEMBERSHIP BY NOTIFYING, IN WRITING, MY LOCAL ASSOCIATION, WHEN AVAILABLE, OR PSEA NO LATER THAN OCTOBER 1 OF 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 ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL OR STATE INCOME TAX PURPOSES. DUES PAYMENTS OR A PORTION MAY BE DEDUCTIBLE AS A MISCELLANEOUS ITEMIZED DEDUCTION.

SIGNATURE _____	DATE _____	HIRE DATE _____	Local Officer Verification Required PLEASE INITIAL <input type="checkbox"/> _____/DATE _____
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