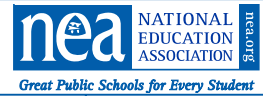




**THE PENNSYLVANIA STATE EDUCATION ASSOCIATION
NATIONAL EDUCATION ASSOCIATION
EARLY ENROLLMENT FORM FOR 2017-2018 MEMBERSHIP YEAR**



LOCAL ASSOCIATION NUMBER		LOCAL ASSOCIATION NAME/EDUCATIONAL EMPLOYER			BUILDING NAME																
SS# OR PSEA ID#		TITLE <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	MIDDLE INITIAL																
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"/> 02 Kindergarten		<input type="checkbox"/> 04 Middle Sch/Jr		<input type="checkbox"/> 06 Community/Junior College/Two-Year Associate Degree		<input type="checkbox"/> 08 University															
EMPLOYMENT CODES: (✓) PLEASE CHECK ONE						ESP															
ESP						<input type="checkbox"/> 601 A-V Technician															
						<input type="checkbox"/> 602 Custodian															
						<input type="checkbox"/> 603 Maintenance Personnel															
						<input type="checkbox"/> 604 Food Service															
						<input type="checkbox"/> 605 Secretarial/Clerical															
						<input type="checkbox"/> 606 Aide Non Instructional															
						<input type="checkbox"/> 607 Bus Driver															
						<input type="checkbox"/> 608 Confidential Personnel															
						<input type="checkbox"/> 610 Other															
						<input type="checkbox"/> 611 Educational Paraprofessional															
						<input type="checkbox"/> 612 Health Paraprofessional															
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			<small>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. This information will be kept confidential.</small>															
GENDER		AREA CODE		TELEPHONE NUMBER																	
<input type="checkbox"/> FEMALE		HOME:		<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 Pacific Islander <input type="radio"/> 02 Asian <input type="radio"/> 06 Biracial																	
<input type="checkbox"/> MALE		CELL:																			
HOME EMAIL ADDRESS																					
<p>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.</p> <p>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.</p> <p>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.</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 60%;"></th> <th style="width: 25%; text-align: right;">2016-2017 RATES</th> </tr> </thead> <tbody> <tr> <td>___21</td> <td>Full Time (more than 4 hours each working day for 11 or 12 months)</td> <td style="text-align: right;">380.50</td> </tr> <tr> <td>___23</td> <td>School Year (more than 4 hours each working day for 9 to 10 months)</td> <td style="text-align: right;">249.75</td> </tr> <tr> <td>___24</td> <td>Greater than 2 hours; up to and including 4 hours</td> <td style="text-align: right;">137.50</td> </tr> <tr> <td>___25</td> <td>Up to and including 2 hours</td> <td style="text-align: right;">82.20</td> </tr> </tbody> </table> <p>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.</p>									2016-2017 RATES	___21	Full Time (more than 4 hours each working day for 11 or 12 months)	380.50	___23	School Year (more than 4 hours each working day for 9 to 10 months)	249.75	___24	Greater than 2 hours; up to and including 4 hours	137.50	___25	Up to and including 2 hours	82.20
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<small>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.</small>																					
<small>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.</small>																					
<small>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.</small>																					
SIGNATURE _____ DATE _____ HIRE DATE _____						<input type="checkbox"/> Local Officer Verification Required PLEASE INITIAL _____/DATE _____															