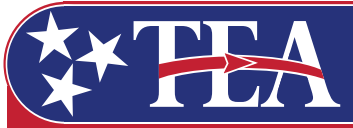


MEMBERSHIP APPLICATION FORM



2020 – 2021



THE STRONGEST VOICE FOR SCHOOLS AND EDUCATORS

We invite you to join the over 40,000 members of the Tennessee Education Association who share in the many benefits of TEA and the National Education Association. Here are a few of the services that can be yours:

- ✓ **INFLUENCING LEGISLATORS AT THE STATE AND NATIONAL LEVEL**
- ✓ **www.teateachers.org AND www.nea.org FOR INSTANT INFORMATION**
- ✓ **JOB PROTECTION**
- ✓ **EDUCATION RESEARCH**
- ✓ **ON-SITE STAFF ASSISTANCE**
- ✓ **LEGAL ADVICE AND REPRESENTATION**
- ✓ **COMPLEMENTARY LIFE INSURANCE**
- ✓ **ON-THE-JOB LIABILITY INSURANCE**
- ✓ **CONTINUING EDUCATION OPPORTUNITIES**
- ✓ **REDUCED INSURANCE RATES (Auto, AD&D, Term Life, Homeowner)**
- ✓ **DISCOUNTS AT OVER 100,000 BUSINESSES NATIONWIDE (Car Rental, Credit Cards, Restaurants, Hotels)**
- ✓ **PARTICIPATORY DECISION MAKING**
- ✓ **PROFESSIONAL DEVELOPMENT WORKSHOPS**
- ✓ **RETIREMENT PROTECTION**

Special Offer: For First Time Members between April 1 through August 31

As a participant in the Local Education Association/Tennessee Education Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2020, but in no event before April 1, 2020 — benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits Programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2020-21 membership year in accordance with established payment procedures. I understand my obligation to pay that annual dues obligation continues, regardless of my membership status, and that if I fail to pay those amounts, 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, 2020.

Please fill out the membership enrollment form on the following page to ensure that complete and accurate information is provided to process your membership and provide the benefits and services to which your membership entitles you. Information to assist you in filling out the enrollment form is provided on the back of this page.

**Return this form to HCEA, 4655 Shallowford Road, Chattanooga, TN 37411
or to “HCEA,” via school mail - (PONY).**

801 Second Avenue North | Nashville, Tennessee 37201-1099
615.242.8392 | 800.342.8367 | Fax: 1.855.715.0824
www.teateachers.org www.nea.org

The following information is represented in the form of codes. Please indicate in the appropriate area on the enrollment form the code which is applicable for you.

Position	Code	Subject	Code	Subject	Code
Administrator †	ADMN	Adult Basic Ed	ADED	Religion/Philosophy	REPH
Adult Educator	ADED	Agric & Natrl Resources	AGNR	Social Studies	SSSS
Audio/Visual Technician	ALTC	Art	ARTS	Special/Develop Ed	SDED
Classroom Teacher	CLTR	Basic Ed Curriculum	BEDC	Speech & Drama	SPDR
Coach	COCH	Business Ed	BSED	Voc & Tech Ed	VTED
Counselor	CNSL	Coaching	COCH	No Subj Taught	NONE
Director of Schools	SINT	Communications	COMM	General Subjects	GSUB
Food Services Prep	COOK	Computer & Info Sci	CICS		
Librarian/Media Specialist	LIBR	Distributive Ed/Co-op	DECP	Ethnic *	Code
Literacy Coach	LITC	Driver's Educ	DRED	American Indian/Alaska Native	1
No Position Held	NONE	Eng/Lang Arts	ELAR	Black	3
Principal/Assist. Principal	PRIN	Foreign Lang & Lit	FLLI	Hispanic	4
Registered Nurse	RGNU	Health & Phys Ed	HEPE	Caucasian (not of Spanish origin)	5
Social Worker	SCWK	Family Science	HOME	Asian	6
Speech/Hearing Therapist	SHTH	Industrial Arts	INAR	Native Hawaiian/Pacific Islander	7
Supervisor	SPRV	Mathematics	MATH	Multi-Ethnic	8
Teacher Aide/Secretary	SEST	Music	MUSI	Other	9
Trade/Craft/Machine Operators	TCOT	Sciences	PHSC	Unknown	UK
Transportation	BTVD	Reading	READ		

NEA MEMBERSHIP DUES

AC-1-100	Active, professional	\$200.00
AC-1-50	Active, professional half-time	\$110.00
AC-2-100	Active, support personnel	\$122.00
AC-2-50	Active, support personnel half-time	\$ 74.00
RS-1-0	Reserve (former Active-Prof.)	\$ 88.00
RS-2-0	Reserve (former Active-Ed. Support)	\$ 48.00
		\$ 18.00

TEA MEMBERSHIP DUES

AC-0-100	Active	\$301.00	ES-0-100	Ed. Support	\$154.11
AC-0-50	Active, half-time	\$153.21	ES-0-50	Ed. Support, half-time	\$ 79.98
AC-0-601	Active, on leave	+\$153.21	ES-0-601	Ed. Support, on leave	+\$79.98
AC-0-602	Active, on leave	*\$301.00	ES-0-602	Ed. Support, on leave	*\$154.11
AC-0-603	Active, on leave	*\$204.38	ES-0-603	Ed. Support, on leave	*\$104.79
			AS-0-0	Associate	\$154.11

HCEA Local Membership Dues

Certified Member	\$166.00	ESP	\$83.50
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◆ Ethnic minority information is optional and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, TEA or any of their affiliates. This information will be kept confidential.

† Directly hires, evaluates, transfers, disciplines or dismisses.

‡ On leave entire year.

× Leave begins before January 31st. Up to ½ refunded upon request by the association. Dues prorated if the member returns from leave.

◆ Returns from leave after January 1st. Dues proportionate to the number of months remaining in the membership year.

M JANE MEMBER
626 ELM STREET
NASHVILLE, TN 37201

Submit Only if you are going to do EFT and not Dues deduction from your paycheck

20 87-1
640

Pay to the Order of _____ \$ _____

_____ DOLLARS

YOUR FIRST NATIONAL BANK
Nashville, Tennessee
Main Office YNC

FOR

064000017 0476 548 867 4

VOID

Check No.

Routing No.

Account No.

HCEA-TEA-NEA 2020 – 2021 Membership Application Form

MEMBERSHIP COMMITMENT: Yes! I want to join my colleagues by becoming a member of the Hamilton County Education Association, the Tennessee Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations, and agree to abide by the Constitution and Bylaws of all three associations.

ANNUAL PAYMENT AUTHORIZATION: Yes! I hereby agree to pay the annual (Sep.1 – Aug.31) dues, fees, and assessments established by the three associations in consideration for the services the association provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or other arrangement unless I revoke this authorization in a signed writing sent to TEA via U.S. mail between **August 1 and August 31** of the membership year immediately preceding the membership year for which the authorization is to be canceled. If I selected Payroll Deduction as my method of payment, I authorize the local Board of Education or other employer to deduct from my paycheck, in regular installments, annual dues as reflected above, including any annual increase. This authorization for payroll deduction of dues will automatically renew each year and will continue in effect until revoked in writing to the Local Association president and the business office of my employer, and revocation will be acted upon in accordance with TEA Board Policy. In the event of separation prior to final payment, I direct the remaining balance to be deducted from my last paycheck. I agree to hold the Board of Education or my employer harmless for these deductions. If I selected the Easy Pay (Bank Draft) method of payment, my signature below authorizes TEA to initiate debit entries to my checking account indicated below and the financial institution named below, hereinafter BANK, to debit the same to such account. I will not hold my BANK liable for any erroneous debits made by the TEA. I understand and acknowledge that termination of the authorization to BANK does not terminate my obligation to pay my membership dues and that membership may be terminated only by written notice to TEA as provided above.

I UNDERSTAND THAT 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 REPRISALS. BY SIGNING BELOW, I AGREE TO THE MEMBERSHIP COMMITMENT AND ANNUAL PAYMENT AUTHORIZATION ABOVE.

MEMBER SIGNATURE (Signature Required to authorize Membership) _____ DATE _____

			Hamilton County Education Association
AREA CODE	CELL PHONE*	MEMBERSHIP ID NUMBER (Office Use Only)	LOCAL ASSOCIATION

		BUILDING / SCHOOL NAME
PERSONAL E-MAIL ADDRESS (DO NOT LIST SCHOOL E-MAIL)	LAST 4 DIGITS OF SSN ONLY	

Male Female Transgender Male Transgender Female Gender Expansive/Non-Conforming Other

NAME	FIRST (Legal)	MIDDLE	LAST
MAILING ADDRESS			
CITY	STATE	ZIP	

ASSN	MEMBERSHIP CODE	ANNUAL AMOUNT
NEA DUES		
TEA DUES		
LOCAL DUES		
NEA FCPE**		
TEA FCPE**		
LOCAL FCPE		
TOTAL		

SEE CODES ON BACK OF COVER PAGE

DATE OF BIRTH	ETHNICITY	POSITION	SUBJECT
MO. DAY YR.			

METHOD OF PAYMENT (Check One) * Payroll Deduction Cash, Check, or Money Order Easy Pay (Bank Draft)
\$33.35 Per Check for 20 pays begin Sept second check Checking Savings

By contributing to the funds listed below, you help advance policies impacting our students, our members, and public education. **\$41.68 biweekly 16 pays Beginning in October**

**The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members and use these 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. The local and state association political action committee performs similarly with local and state elections. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to the Fund are voluntary; making a contribution is neither a condition of employment nor membership in the NEA / TEA / LEA and members have the right to refuse to contribute without suffering any reprisal. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits The NEA Fund for Children and Public Education from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

**A portion of your dues shall be allocated to the TEA-FCPE. Members who do not wish to contribute to the TEA-FCPE may request this portion of their dues be allocated to general GR activities. The funds used for TEA- FCPE are not tax deductible. Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

*TEA will NOT use telephone numbers for telemarketing or advertising. By providing my phone number, I understand that the National Education Association, NEA Member Benefits, NEA360, the Tennessee Education Association, and my local affiliate may use automated calling techniques and/or text message me on my cellular phone or a periodic basis. The National Education Association, the Tennessee Education Association, and my local affiliate will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

MEMBER SIGNATURE (Signature Required to authorize PAC Fund Contributions) _____ DATE _____

*** Complete the portion below only if you are enrolling in Easy Pay**

Routing No. (or attach voided check)	Account No. (or attach voided check)

This authorization is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to his/her account by BANK up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever occurs first.

Starting Date*: September / October _____ Member Signature (authorizing bank draft) _____ Date _____

*Please see your local association representative, local association leader, or your UniServ Coordinator for specific information regarding the bank draft schedule for your local association.



ATTACH VOIDED CHECK HERE
Please tape check - Do not staple

