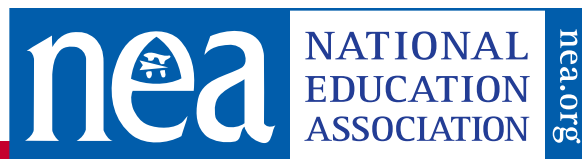
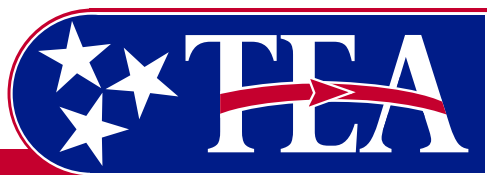


2022 – 2023

MEMBERSHIP APPLICATION FORM



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:

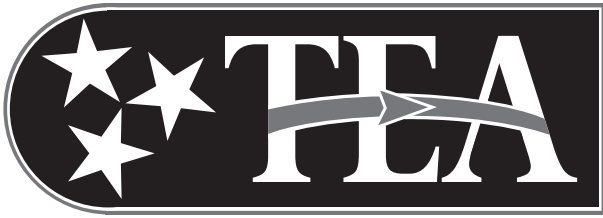
- ✓ **INFLUENCING LEGISLATORS AT THE STATE AND NATIONAL LEVEL**
- ✓ **www.teateachers.org AND www.nea.org FOR INSTANT INFORMATION**
- ✓ **JOB PROTECTION**
- ✓ **EDUCATION RESEARCH**
- ✓ **ON-SITE STAFF ASSISTANCE**
- ✓ **LEGAL ADVICE AND REPRESENTATION**
- ✓ **COMPLEMENTARY LIFE INSURANCE**
- ✓ **ON-THE-JOB 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, 2022, but in no event before April 1, 2022 – 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 2022-23 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, 2022.

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.

MEMBERSHIP APPLICATION FORM



TENNESSEE EDUCATION ASSOCIATION



Great Public Schools for Every Student

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 Stds/Social Sci	SSSS
Audiovis/Lang Tech	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
Superintendent	SINT	Communications	COMM	General Subjects	GSUB
Cook/Food Service	COOK	Computer & Info Sci	CICS		
Librarian/Media Specialist	LIBR	Distributive Ed/Co-op	DECP		
Literacy Coach	LITC	Driver's Educ	DRED	Ethnic *	Code
No Position Held	NONE	Eng/Lang Arts	ELAR	American Indian/Alaska Native	1
Principal/Assist. Principal	PRIN	Foreign Lang & Lit	FLLI	Black	3
Registered Nurse	RGNU	Health & Phys Ed	HEPE	Hispanic	4
Social Worker	SCWK	Home Economics	HOME	Caucasian (not of Spanish origin)	5
Speech/Hearing Therapist	SHTH	Industrial Arts	INAR	Asian	6
Supervisor	SPRV	Mathematics	MATH	Native Hawaiian/Pacific Islander	7
Teacher Aide/Secretary	SEST	Music	MUSI	Multiple Ethnicities	8
Trade/Craft/Machine Oprs	TCMO	Physical Sciences	PHSC	Other	9
Bus/Truck/Van Driver	BTVD	Reading	READ		

NEA MEMBERSHIP DUES

AC-1-100	Active, professional	\$204.00
AC-1-50	Active, professional half-time	\$113.50
AC-2-100	Active, support personnel	\$122.50
AC-2-50	Active, support personnel half-time	\$73.00
RS-1-0	Reserve (former Active-Prof.)	\$90.50
RS-2-0	Reserve (former Active-Ed. Support)	\$50.00
SB-0-0	Substitute	\$15.00

TEA MEMBERSHIP DUES

AC-0-100	Active	\$309.50	ES-0-100	Ed. Support	\$155.00
AC-0-50	Active, half-time	\$155.00	ES-0-50	Ed. Support, half-time	\$77.50
AC-0-601	Active, on leave	\$155.00 ⁺	ES-0-601	Ed. Support, on leave	\$77.50 ⁺
AC-0-602	Active, on leave	\$309.50 ^x	ES-0-602	Ed. Support, on leave	\$155.00 ^x
AC-0-603	Active, on leave	\$206.50 [◆]	ES-0-603	Ed. Support, on leave	\$103.50 [◆]
SB-0-0	Substitute	\$77.50	AS-0-0	Associate	\$155.00

◆ 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

_____ 20 _____ 476
 _____ 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

Routing No.

Account No.

Check No.

TEA-NEA 2022 – 2023 Membership Application Form

PLEASE COMPLETE WITH BALL POINT PEN – PRESS HARD

MEMBERSHIP COMMITMENT: Yes! I want to join my colleagues by becoming a member of the local 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, as selected below, 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 cancelled. Dues payments are not deductible as charitable contributions for federal tax purposes.

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.

		Hamilton County Education Association
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MEMBER SIGNATURE (Signature Required to authorize Membership) _____ DATE _____ LOCAL ASSOCIATION (Please write out full name)

AREA CODE	CELL PHONE*	AREA CODE	HOME PHONE	MEMBERSHIP ID NUMBER (Office Use Only)	EMPLOYEE ID# (MNEA and UEA use only)

*By providing my phone number, I understand that the NEA, NEA Member Benefits, NEA360, the TEA, and my local affiliate may use automated calling techniques and/or text message me on my cellular phone or a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

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

Male Female Other

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

ASSN	MEMBERSHIP CODE	ANNUAL AMOUNT
NEA DUES	AC-1-100	\$204.00
TEA DUES**	AC-0-100	\$309.50
LOCAL DUES		\$190.00
TEA FCPE***		
LOCAL FCPE (if available)		
TOTAL		\$703.50

SEE CODES ON BACK OF COVER PAGE

DATE OF BIRTH	ETHNICITY	POSITION	SUBJECT
MO. DAY YR.			
	0		

**In accordance with TEA's bylaws, a portion of your dues are allocated to the TEA-FCPE. Members who do not wish to contribute to the TEA-FCPE may request that this portion of their dues be allocated to TEA's general operating fund. The funds used for TEA-FCPE are not tax deductible.

***The TEA Fund for Children and Public Education collect 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 office. Only U.S. citizens or lawful permanent residents may contribute to the TEA fund. Contributions to the Funds are voluntary; making a contribution is neither a condition of employment nor membership in the NEA, TEA and local association, and members have the right to refuse to contribute without suffering any reprisal.

Contributions to the TEA Fund are not deductible as charitable contributions for federal tax purposes.

Tennessee law requires political committees to request the name, address, occupation, and name of employer for all persons contributing more than \$100 in a reporting period.

Signature Required to authorize PAC Fund Contributions _____

DATE _____

PAYMENT METHOD (Check One)

Payroll Deduction (where available) Cash, Check, or Money Order (requires full payment of annual dues)

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.

Credit / Debit Card

Name as it Appears on Card	Card Number	Exp. (Month/Year)
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Name on Account	Billing Address	City	State/ZIP
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Electronic Funds Transfer (EFT) Account Type: Checking Savings

Routing Number: _____ Account Number: _____

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I authorize TEA or its designated local to charge my credit/debit card or checking/savings account as provided above, for annual membership dues, fees and assessments required for membership in the associations, and for any additional PAC contributions that I have authorized. I further authorize those payments to be made through the initial membership year ending August 31, 2022, and on a recurring annual basis thereafter, payable in monthly installments on the last business day of each month, in the amounts set forth below. I understand that the final charged/debited installment amount for the membership year will include any residual amount owed, not to exceed \$1.00. The residual amount represents the portion of the combined total that cannot be evenly distributed among the installments.

I understand that in the event one or more of the governing bodies of TEA, NEA or my local affiliate authorizes a change in the amount of annual dues, fees and/or assessment, TEA or my local will notify me by email or home mailing address not less than 10 days in advance of processing any changes to the transaction amount as described in the payment summary. Following that notice, I authorize TEA or local to adjust the amount to be charged to or debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule. I understand that this recurring authorization to charge my credit/debit card or checking/savings account continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written revocation, mailed to TEA at 801 Second Avenue North, Nashville, TN 37201, containing my name, address, employer, and membership number. I understand that revocation will take effect 7 days after TEA receives my revocation and that revocation may not relieve me of my membership obligation and may require that I provide an alternative method of payment.

I understand that the rejection of any charge or debit shall not constitute the termination of my membership and that TEA will notify me in writing if a transaction is rejected and I shall have 7 calendar days to provide updated account information or an accepted alternative method of payment.

Monthly EFT or Credit / Debit Card Charge (if selected above)	Monthly Withdrawal
<input type="checkbox"/> One deduction annually OR <input type="checkbox"/> Twelve (12) deductions (one per month) by EFT or Credit / Debit Card	\$ _____ per month

Signature Required to authorize EFT or Credit/Debit Card payments _____

DATE _____



ATTACH VOIDED CHECK HERE



TEA COPY