



2017-2018 EARLY ENROLLMENT FORM

National Education Association - New Mexico

Valid from April 1st to July 31st, 2017 ONLY



Ms. Mr. Mrs. Dr.

_____/_____/_____
 Name (PRINT LEGIBLY: First, Middle Initial, Last) Date of Birth Social Security Number

 Mailing Address Mailing City/State Mailing Zip Code

 Personal Email Cell Phone (w/Area Code) ³ Personal Land Line (w/Area Code)

 Local Association School/Worksite School/Work Phone

Description and NEA, NEA-NM, NEA-NM Region & ¹ EdPAC Dues				Row Total
<input type="checkbox"/> Certified FT (AC-1-100): \$583.00¹	<input type="checkbox"/> Certified PT (AC-1-50): \$325.00¹	<input type="checkbox"/> Education Support Professional (Classified) FT (AC-2-100): \$317.50¹	<input type="checkbox"/> Education Support Professional (Classified) PT (AC-2-50): \$178.50¹	\$

Local Association Dues (Varies from local to local)	\$
SUBTOTAL (Column):	\$

Position Code (check one)	Ethnicity Code (check one)	Method of Payment (check one)			
<input type="checkbox"/> Classroom Teacher	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Payroll Deduction	GRAND TOTAL: \$ (All Categories Above)	\$	
<input type="checkbox"/> Counselor	<input type="checkbox"/> Asian	<input type="checkbox"/> Payment Attached (Check, Money Order, or Cash)			
<input type="checkbox"/> Licensed Librarian	<input type="checkbox"/> Black	<input type="checkbox"/> Electronic Funds Transfer from My Bank Account (EFT Form must be completed)			Cost / Pay Period: \$ (Optional)
<input type="checkbox"/> Other FT Licensed Professionals	<input type="checkbox"/> Caucasian (not Hispanic Origin)	<input type="checkbox"/> MasterCard / Visa			
<input type="checkbox"/> Administrator/Supervisor ²	<input type="checkbox"/> Hispanic	Card No. _____			
<input type="checkbox"/> Educational Assistant/Tech	<input type="checkbox"/> Multi-Ethnic	Expiration Date: ____/____/____			
<input type="checkbox"/> Secretary/Clerk/Admin Services	<input type="checkbox"/> Native Hawaiian/Pacific Islander	Security Code (Back of Card) _____			
<input type="checkbox"/> Bldgs/Grnds Maint/Repair/Other	<input type="checkbox"/> Other	Billing Zipcode: _____			
<input type="checkbox"/> Food Service	<input type="checkbox"/> Unknown				
<input type="checkbox"/> Trans/Dlvry/Vhel Mechanics	(This information is helpful in determining the diversity of our membership.)				
<input type="checkbox"/> Other _____					
If applicable, proration for partial year dues			%	\$	

"Early Enrollment" Membership Program Incentive Agreement: As a participant in the designated local, NEA-New Mexico, and National Education Association Early Enrollment Membership Program, I am eligible to receive, prior to September 1, 2017 but in no event before April 1, 2017, certain benefits normally available only to regular dues paying members of the association, including coverage under the NEA Educators Employment Liability (EEL) Program. As a condition of eligibility for these benefits, I agree to pay the Appropriate "unified" Active membership dues, as determined annually, for the 2017-2018 membership year in accordance with the regular 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 be liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2017.

I hereby agree to pay cash for or authorize my employer to deduct from my salary in accordance with the agreed upon payroll deduction procedure, or authorize EFT deductions for my membership dues as revised annually and political action contributions in the amounts indicated for the current membership year and each membership year thereafter, provided that I may revoke this authorization as of September 1 of any calendar year (beginning September 1, 2018) by giving written notice to that effect to the local association on or before October 6 of that year. If for any reason, excepting death, my employment is terminated, amounts still owing under this authorization shall be deducted from final paycheck. I understand that 2017-2018 annual NEA dues may be slightly revised by action of the NEA Representative Assembly held in July 2017.

¹Fifteen dollars (\$15.00) of the amount collected from Active Professionals (although collected in the same manner as dues) is a voluntary contribution to The NEA-New Mexico Education Political Action Committee (EdPAC). Ten dollars (\$10.00) of the amount collected from Active Education Support Professionals (although collected in the same manner as dues) is a voluntary contribution to EdPAC. This voluntary contribution may be refunded to members who request it according to procedures contained in the NEA-NM Bylaws. Forms for requesting the refund are available at nea-nm.org. The NEA-NM EdPAC 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 education who are candidates for elected office. Contributions to EdPAC are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Twenty-four (\$24.00) of the amount collected from Active Professionals (although collected in the same manner as dues), or twelve (\$12.00) of the amount collected for full-time Education Support Professionals, or six (\$6.00) of the amount collected from part-time Education Professionals constitutes a voluntary assessment to protect the education profession. It may be refunded to members who request it according to procedures of the board of directors. Forms for requesting the refund are available at nea-nm.org.

²Administrator/supervisor means a member who directly hires, evaluates, transfers, disciplines, or dismisses employees.

³Providing your mobile number authorizes NEA-NM to send texts for which your mobile provider rates may apply.

X Member's Signature _____ Date ____/____/_____
 Recruiter Name (Print) _____ code: _____ Y

Return this form to your Region Office – DO NOT SEND TO ANYONE ELSE. NEA-NM STAFF WILL SEND TO PAYROLL OFFICE.

2007 Botolph Road, Santa Fe, NM 87505 • www.nea-nm.org

OFFICE USE ONLY Date Entered: _____ Entered By: _____