



Tucson Education Association
 4625 E. 2nd Street
 Tucson, AZ 85711
 795-8870
 www.tucsonea.org
 AEA/NEA



2010-2011 MEMBERSHIP FORM

School Name/Worksite

03-01-88-010-001-001	
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Ethnic Information (Optional)
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Chicano-Hispanic <input type="checkbox"/> Caucasian (Not of Hispanic Origin) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other <input type="checkbox"/> Unknown

Office Use Only		
Assn	Code	
NEA	AC	
AEA	AC	
Total		

Home or Cell Phone

Name	Last	First	Middle Int.
Address			
City/State			
Zip			

Female
 Male
Registered Voter (Optional)
 Yes
 No
 Democrat
 Republican
 Independent
 Other

Dues payments are not deductible as charitable contributions for Federal income tax purposes. Dues payments may be deductible as a miscellaneous itemized deduction subject to IRS regulations. The Revenue Reconciliation Act of 1993 has eliminated the individual Federal income tax deduction for lobbying expenses paid or incurred as a part of membership dues on or after December 31, 1993. This change will affect only those members who itemized deductions and meet the two percent requirement for additional miscellaneous deductions. Those members will not be able to deduct as union dues 1.79 percent of their AEA dues. This is the percentage attributable to lobbying expenses on the State and National levels. The exact dollar amount will vary depending on each member's category of membership.

Home Email Address

(Providing this indicates you agree to receive information via email.)

Position: _____

For Example: Teacher, Counselor, Secretary, Food Service Cafeteria Worker I

EVERY MEMBER OPTION

AEA annual dues include an assessment, called the Every Member Option (EMO), in the amount of \$12, which impacts all active-certified and active-educational support members working one-half time or more. AEA-Retired members and those active-certified and active-educational support professional members working less than one-half time shall have an EMO rate of \$6. Monies collected through the EMO assessment shall be divided \$5 for AEA Foundation for Teaching and Learning, \$4 for AEA Fund for Public Education, and \$3 for the AEA Education Improvement Fund. Monies collected through the EMO assessment for those members paying the \$6 amount shall be divided \$2.50 for AEA Foundation for Teaching and Learning, \$2 for AEA Fund for Public Education, and \$1.50 for AEA Education Improvement Fund.

Refund Procedure

New members desiring a refund of the EMO may request a Refund Request Form by calling 800-352-5411. The member must mail the Refund Request Form to Membership postmarked or hand delivered within thirty (30) days of signing this application form. The Arizona Education Association will mail a refund check after receipt of the Refund Request Form.

Dues Schedule - Amount Per Pay Period

Certified Full Time	\$33.09	Classified More Than 6 Hours	\$16.66
Certified 3/5 & 4/5	\$29.15	Classified More Than 4 Hours	\$14.69
Certified 2/5 & 1/2	\$17.20	Classified More Than 2 Hours	\$ 8.94
Certified 1/5	\$11.02	Classified 2 Hours or Less	\$ 5.59

I was a student
 NEA member last
 year.

PAYROLL DEDUCTION AUTHORIZATION

TUSD ID # (If Known) _____

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Social Security Number

_____ Name

Certified Full Time
 Certified Part Time (1/2, 2/5, 3/5, or 4/5)
Please Specify Contract Amount _____

Classified (ESP)
Please Specify Hours Worked Per Day _____

Office Use Only Amount Per Pay Period \$ _____

I hereby authorize and direct my employer, TUSD, to deduct from my salary and pay to TEA the per pay period amount (as now fixed and hereafter increased or changed) as certified by TEA. This authorization is for one full school year and shall be automatically renewed for each succeeding school year during my employment unless, **no later than August 1st of each year**, written notice of revocation is delivered by me to TEA, in which event this authorization shall terminate at the end of the membership year in which it is tendered.

Member Signature: _____

Date: _____

Recruiter: _____