



EARLY ENROLLMENT MEMBERSHIP FORM

OEA ID# _____
(For Office Use Only) PM → AC

(Field Use Only)	
<input type="checkbox"/> 1-on-1	<input type="checkbox"/> Group

1 YOUR INFORMATION

EMPLOYER			CERTIFIED	CLASSIFIED		
LOCAL/CHAPTER			WORKSITE			
PERSONAL INFO	Last:		First:		Middle:	
	Date of Birth:		Last 4 SS #:			
	Self-Reported Ethnicity:		Alaska Native	Asian/Pacific Islander	Black	Latinx
	Multiracial	Native American	Other	White	Prefer not to answer	
CONTACT INFO	Home Address:					
	City:			State:	Zip:	
	Okay to text me ¹	Cell Phone:	Home Phone:			
	Non-Work Email ² :					

¹By checking this box, I understand that the National Education Association and its affiliates including the Oregon Education Association, the local Association, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Oregon Education Association and the local Association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

²Member email addresses are stored in a database shared by the National Education Association, OEA, and local affiliates. Email lists are not sold, leased, or rented to any other organizations.

2 VERIFY (Both boxes must be checked in order to confirm membership and dues authorization.)

As a participant in the [Local Association/Oregon 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. 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, 2022.

Membership Commitment: YES I want to join with my fellow employees and become a member of the local association, the Oregon 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 union 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 unless I revoke this authorization in a signed writing sent to the President of the Oregon Education Association (6900 SW Atlanta St. Portland, OR 97223) via U.S. mail, between September 1 and September 30 of the membership year for which the authorization is to be cancelled.

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 REPRISAL.

* I understand that checking this box constitutes a legal digital signature confirming my understanding and agreement to all of the terms above and my consent to engaging in this transaction by electronic means.

3 SIGN & DATE

Signature _____

Date _____

4 FURTHER YOUR IMPACT

Make a Voluntary Donation

³Oregon Education Association Political Action Committee (OEA-PAC) collects voluntary contributions from members to support recommended candidates in state elections. NEA Fund collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to The NEA Fund. Federal law prohibits The NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. Contributions or gifts to OEA-PAC and The NEA Fund are not deductible as charitable contributions for federal income tax purposes. Contributions will be deducted for the current membership year and for each membership year thereafter in accordance with the payroll deduction procedure.

I'm contributing to OEA-PAC and the NEA Fund (\$50 single or \$100 married filing jointly tax credit!):³

- \$20 to OEA PAC and \$2 to NEA fund per month
- \$10 to OEA PAC and \$1 to NEA fund per month
- \$_ (min. \$5) to OEA PAC and \$ to NEA fund per month
- \$_ Local PAC (Beaverton EA, Eugene EA, Portland AT) per month

I'm contributing to the OEA Foundation (tax deductible):

- \$12 per year
- \$24 per year
- \$ per year



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ADDITIONAL INFO

1) What year did you enter the profession?

2) I am:

- Already a member
- Joining the Association today
- Transferring from another district
- Interested in receiving more information about membership

3) Our Association provides resources and support to educators to ensure your success with students. What tools/trainings would you like to hear more about?

- Classroom management (e.g. student behavior)
- Lesson planning
- Working with mentors/coaches
- Working with families
- Collaborating with administrators and colleagues
- Unpacking professional expectations (e.g. evaluations, observations)

4) Our Association works to ensure that schools provide our students with the opportunities to be successful. Which issues are most important to you?

- Social and racial justice
- Meeting the needs of students in poverty
- Family and community engagement
- Fully funded schools
- Education policy – contributing to critical decisions affecting my school/students
- Political advocacy – supporting education policies to ensure that all students have the opportunity to succeed

5) Our Association advocates for conditions that retain high-quality educators for students. Which of these are you most interested in learning about?

- Salary
- Educator rights and responsibilities
- Health care benefits
- Pensions and retirement security
- Student debt and/or finances
- Stretching your paycheck
- Working conditions