



2018-2019
1500 West Fourth Street
Little Rock, AR 72201-1064
Phone: (501) 372-3519



LITTLE ROCK EDUCATION ASSOCIATION - 0860

LOCAL ASSOCIATION

FIRST	MIDDLE	LAST	TITLE
NAME			
ADDRESS			
CITY			
STATE	COUNTY	ZIP	

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	AREA CODE	HOME PHONE
HOME E-MAIL (NOT SCHOOL)	AREA CODE	WORK PHONE
FACEBOOK USER NAME	AREA CODE	CELL PHONE
TWITTER USER NAME	Receive Texts <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL DISTRICT _____

WORK LOCATION _____

FOR OFFICE USE ONLY				
ASSOCIATION	MEMBERSHIP TYPE	CODE	ANNUAL AMOUNT	PRORATED AMOUNT
NEA	Prof. FT <input type="checkbox"/>	AC-1-100		
	ESP FT <input type="checkbox"/>	AC-2-100		
	Substitute <input type="checkbox"/>	SB-0-0		
	Other:			
AEA	Prof. FT <input type="checkbox"/>	AC-1-100		
	ESP FT <input type="checkbox"/>	AC-2-100		
	Substitute <input type="checkbox"/>	SB-0-0		
	Other:			
NEA/AEA TOTAL				
LREA DUES				
TOTAL				

By providing my phone number, I understand that the National Education Association, NEA Member Benefits, NEA360, Arkansas Education Association, and my local affiliate may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. Neither the National Education Association nor any of its affiliates charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages. Text HELP to 84693 or go to nea.org/terms for more information.

SEE CODES ON BACK OF FORM

DATE OF BIRTH	GENDER	ETHNICITY
MO. DAY YR.		

POSITION	SUBJECT	POLITICAL PREFERENCE

Method of Payment:

Payroll Deduction Check Electronic Funds Transfer

PAYROLL DATE	TOTAL PAYMENTS
/ /	

WERE YOU A STUDENT OR ACTIVE MEMBER LAST YEAR?
 Yes No
 (Former Student Members See Back of Form †)

See back for free insurance information.

For educators and educational support professionals who desire to enroll online, log on to www.aeaonline.org and link to the NEA site. Enter the required information including your credit card.

Yes – I want to join my colleagues by becoming a member of my local association, the Arkansas 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.

Membership Annual Dues. I agree to pay the full annual dues for the professional unified membership for the Local Education Association, Arkansas Education Association and National Education Association for each school year that this agreement is in effect. Even though I may terminate my membership at any time I shall, nevertheless, remain obligated to pay the full annual dues for the school year in which I terminated my membership. I agree that my obligation to pay annual dues shall automatically renew each school year, unless I provide written notice of termination of my membership prior to September 1st. I agree that dues may be increased by some amount each year as determined by the Associations and I agree to pay those increased amounts. If I elect to pay dues in periodic installments through payroll deduction or electronic funds transfers (EFT) instead of one lump sum and if that method of payment is terminated, I agree to remit the full uncollected amount of annual dues to the Associations.

Continuing Payroll Deduction. I hereby request and authorize my employer, as provided by Ark. Code Ann. § 6-17-805, to deduct in regular installments this school year and each school year hereafter, the professional unified membership dues to the Local Education Association, Arkansas Education Association and National Education Association.

I further understand and agree that the dues may increase by some amount each year and I hereby authorize my employer to incorporate any such increase into the continuing deduction of my dues as may be directed by the organization's state, national or local affiliate.

I also authorize and direct my employer to attach this authorization form to my contract for this school year and for each school year hereafter for as long as my dues are deducted.

I agree that this authorization is binding for the entire school year and each subsequent school year and can only be withdrawn for a succeeding school year if I notify the school district and Associations in writing prior to September 1st of my choice to withdraw this authorization.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

RECRUITER'S PRINTED NAME

NEW MEMBER'S SIGNATURE

DATE

RECRUITER'S SIGNATURE

