

## **Membership Form: Authorization for Payroll Deduction**

# **Cherry Creek Education Association**

Street Apt/Unit # Last Four SSN Employee #  City State Zip Code School/Building  Cell Phone:	PLEASE PRINT					2020 - 2021 SY
Street   Apt/Unit #   Last Four SSN   Employee #	Name:				Date of birth: _	//
City State Zip Code School/Building  Cell Phone:		Middle	I	Last	Mo	onth/ Day/ Year
Cell Phone: E-mail-Home: E-mail-Home: E-mail-Home: E-mail-Home: E-mail-Home: E-mail-Home: E-mail-Home: E-mail-Work:  Sex: Female Male Are you a U. S. Citizen (required): Yes No  Cindicate secondary school subject or elementary grade level/specials subject)  Position: I am a (Choose one: Classroom teacher [regular education, K-12], electives/specials teacher [art, music, p. e., drama, etc.], Instructional/Technology Specialist/TOSA, Counselor, Library/Media Specialist, Classroom Special/Developmental Education [at one or two sites], Itinerant/district-based, Special/Developmental Education, Psychologist, Social Worker, Nurse, Other [please describe])  Membership/Contract Type to Determine Monthly Dues Amount [based on 12 month pay]:  Full-time (60% contract or greater) – amount is: *\$72.33 monthly for Professional Dues Part-time (59% contract or less) - amount is: *\$37.13 monthly for Professional Dues Dues Category:  This year is my first year ever with a school district ordinates.  My monthly dues deduction will be \$  Ethnicity (optional):  My monthly dues deduction will be \$  Ethnicity (optional):  Ele.g., American Indian/Alaska Native, Asian, African-American, Hispanic/Latino, Caucasian (not of Spanish origin), Multiethnic/racial, Native Hawaiian/Pacific Islander, Unknown, Other]  Political Party Registration (optional):  [E.g., Democrat, Republican, Green, Independent, Reform, Other, or "I would like registration information."]  *I hereby request and authorize the Cherry Creek School District to deduct the above amount from my salary and transmit same to the Cherry Creek Education Association shall remain in continuous effect without the necessity of written renewal for each subsequent school year after the school year in which it is signed, unless and untrevoked by me in writing. Written revocation to drop membership for the following scho year must be forwarded to the District Payroll Office and to the Cherry Creek Education Association before the end of August. **for 2020-21 CCEA is coveri	· · · · · · · · · · · · · · · · · · ·	pt/Unit #		Last Four SSN	Employee #	
E-mail-Home:  Sex: Female Male Are you a U. S. Citizen (required): Yes No  Subject (for classroom teachers only): The majority of the day I teach (indicate secondary school subject or elementary grade level/specials subject)  Position: I am (Choose one: Classroom teacher [regular education, K-12], electives/specials teacher [art, music, p. e., drama, etc.], Instructional/Technology Specialist/TOSA, Counselor, Library/Media Specialist, Classroom Special/Developmental Education [at one or two sites], Itinerant/district-based, Special/Developmental Education, Psychologist, Social Worker, Nurse, Other [please describe])  Membership/Contract Type to Determine Monthly Dues Amount [based on 12 month pay]:  Full-time (69% contract or greater) – amount is: *\$72.33 monthly for Professional Dues Part-time (59% contract or less) - amount is: *\$37.13 monthly for Professional Dues Dues Category:  This year is my first year ever with a school district contract.  My monthly dues deduction will be \$  Ethnicity (optional):  [E.g., American Indian/Alaska Native, Asian, African-American, Hispanic/Latino, Caucasian (not of Spanish origin), Multiethnic/racial, Native Hawaiian/Pacific Islander, Unknown, Other]  Political Party Registration (optional):  [E.g., Democrat, Republican, Green, Independent, Reform, Other, or "I would like registration information."]  *I hereby request and authorize the Cherry Creek School District to deduct the above amount from my salary and transmit same to the Cherry Creek Education Association. This authorization shall remain in continuous effect without the necessity of written renewal for each subsequent school year after the school year in which it is signed, unless and unt revoked by me in writing. Written revocation to drop membership for the following scho year must be forwarded to the District Payroll Office and to the Cherry Creek Education Association before the end of August. **for 2020-21 CCEA is covering the \$6 FT/\$3 PT year increase to CEA-NEA dues for members not reflected in the dues dedu	•					
Sex: Female Male Are you a U. S. Citizen (required): Yes No  Subject (for classroom teachers only): The majority of the day I teach (indicate secondary school subject or elementary grade level/specials subject)  Position: I am a (Choose one: Classroom teacher [regular education, K-12], electives/specials teacher [art, music, p. e., drama, etc.], Instructional/Technology Specialist/TOSA, Counselor, Library/Media Specialist, Classroom Special/Developmental Education [at one or two sites], Itinerant/district-based, Special/Developmental Education, Psychologist, Social Worker, Nurse, Other [please describe])  Membership/Contract Type to Determine Monthly Dues Amount [based on 12 month pay]: Full-time (60% contract or greater) — amount is: *\$72.33 monthly for Professional Due: Part-time (59% contract or less) - amount is: *\$37.13 monthly for Professional Dues Dues Category: This year is my first year ever with a school district contract I had a prior contract with a school district [could be in CC or elsewhere].  My monthly dues deduction will be \$ [E.g., American Indian/Alaska Native, Asian, African-American, Hispanic/Latino, Caucasian (not of Spanish origin), Multi-ethnic/racial, Native Hawaiian/Pacific Islander, Unknown, Other]  Political Party Registration (optional): [E.g., Democrat, Republican, Green, Independent, Reform, Other, or "I would like registration information."]  *I hereby request and authorize the Cherry Creek School District to deduct the above amount from my salary and transmit same to the Cherry Creek Education Association.  This authorization shall remain in continuous effect without the necessity of written renewal for each subsequent school year after the school year in which it is signed, unless and unt revoked by me in writing. Written revocation to drop membership for the following scho year must be forwarded to the District Payroll Office and to the Cherry Creek Education Association before the end of August. **for 2020-21						
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•	amount from my This authorization of the for each subseque revoked by me in the formula of the f	y salary and to shall remain in uent school ye n writing. Wr rwarded to the ore the end of	ransmit san continuo ar after tl itten revo e District August. *	ame to the Chous effect with the school year ocation to drop Payroll Office *for 2020-21 C	erry Creek Educate nout the necessity of in which it is signed per membership for the and to the Cherry CEA is covering the	tion Association. If written renewal ed, unless and unti- the following school Creek Education \$6 FT/\$3 PT year
Date: RETURN TO Patrice Zakaial at prust@coloradoce ara	New Member Signa	ture		CCEA	Representative Sig	gnature
	Date:	ргт	IIRN TO	Patrice Zekoi	iel at nrust@colora	doea org



Cherry Creek Education Association – FRUU – CEA – NEA 2851 S. Parker Rd. #720, Aurora, CO 80014 – Web Site: www.cceanow.org Ph: 720-778-FRUU (3788) Fax: 720-310-3137 Email: CCEAPresident@coloradoea.org

### 2020-2021 Annual CEA-NEA Dues (September 1, 2020 - August 31, 2021)

CCEA Dues Teachers, Mental Health, Nurses: Full-time: \$138.00 Part-time: \$69.00

Front Range UniServ Unit Dues: Full-time: \$115.00 Part-time: \$57.50

#### **ACTIVE Teachers/Faculty Full-time**

K-12 Teachers, Substitute Teachers, and Transitional Retirees \$621.00 (\$421 CEA + \$200 NEA) \$322.00 (\$210.50 CEA + \$111.50 NEA) \$11.50 NEA \$22.00 (\$210.50 CEA + \$111.50 NEA) \$15.50 Year Teachers/Faculty \$439.50 (\$239.50 CEA + \$200 NEA) \$231.25 (\$119.75 CEA + \$111.50 NEA) \$15.50 NEA \$15

#### **STUDENT Members**

College/University Students \$23 (\$8 CEA + \$15 NEA, paid annually in one payment by check or online by credit card)

#### **RETIRED Members**

Retired Annual CEA-NEA \$ 65.00 (\$30 CEA + \$35 NEA, paid annually in one payment)
Retired CEA Lifetime/NEA Lifetime
Retired Annual CEA/NEA Lifetime \$500.00 (\$200 CEA + \$300 NEA, paid only once in one payment)
Retired CEA Lifetime/NEA Annual \$330.00 (\$30 CEA paid annually + \$300 NEA paid only once)
Retired CEA Lifetime/NEA Annual \$25.00 (\$200 CEA paid only once + \$35 NEA paid annually)

#### **RESERVE Members**

Former Active Teacher/Faculty \$270.00 (\$181.50 CEA + \$88.50 NEA) - Does not include EMO or PR Former Active ESP Member \$140.25 (\$90.75 CEA + \$49.50 NEA) - Does not include EMO or PR

- 1. My signature on this membership form indicates that I fully understand that the annual association dues are subject to change by the governing bodies of the associations and UniServ Units. I authorize my school district to deduct any modified monthly dues established by the governing bodies of the associations and UniServ Units unless I notify the local association in accordance with the local association's policies or I am no longer receiving pay from my school district.
- 2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or NEA products.
- 3. The CEA Active full-time membership for teachers, building principals, and college faculty includes \$43 Every Member Option for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership for education support professionals includes \$21.50 Every Member Option and \$7.50 Public Relations Assessment. Every Member Option and the PR Assessment are pro-rated for members.

The CCEA membership for teachers, mental health and nurses includes \$11.00 for active full time and \$5.50 for active part time Every Member Option for political activities to support public education.

An Active member can be refunded the Every Member Options by notifying both CEA AND CCEA in writing before December 15 by U.S. mail or email. CCEA and CEA notify all Active Members who join after December 15 about the Every Member Option refund. Retired, Student, and Reserve members do not pay Every Member Option or the PR Assessment, though they may make contributions to either or both. There is Every Member Option refund information in the CEA Journal each fall and at coloradoea.org.

Ethnic information is optional. Providing U.S. Citizen information is voluntary. It is collected in order to refund Every Member option contributions to non-U.S. citizen members in accordance with Colorado law.

- 4. The NEA Active membership includes a special assessment set by members through the NEA Representative Assembly to help state affiliates, such as CEA, defeat anti-public education ballot issues and help members in other state affiliates fight the attacks on public sector employees and unions. The special assessment is an obligation for all Active and Student members and is included in the NEA dues.
- 5. The Local Association has the responsibility to determine if a member pays less than full dues. If you work more than half time, you pay full dues. If you work half time or less, you pay half dues. This is determined by one's employment contract and by the threshold of 1,440 hours for educational support professionals members (fewer than 1,440 hours is half dues). If an Active member joins after September 1, the Local Association, in determining the new member's dues, must prorate the dues by the number of months/payroll deduction periods remaining in the membership year.
- 6. Dues payments are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a miscellaneous itemized deduction.
- 7. All information is confidential; CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.
- 8. As a new member, you should keep a copy of this form as a record of your contract with CEA-NEA and your Local Association (if applicable).