

**National Education Association
Georgia Association of Educators
Organization of DeKalb Educators
2021-2022 Enrollment Form**

(Membership Year September 01-August 31)



| | |
|------------------------------|---------------------------------------|
| Name: _____ | Empl./Work ID: _____ |
| Address: _____ | SSN(last 4 only): XXX-XX-_____ |
| Apt. #: _____ | Work Location: _____ |
| City State Zip: _____ | Gender: _____ |
| Home Phone: _____ | Ethnicity: _____ |
| Mobile Phone: _____ | Birth Date: _____ |
| Home E-mail: _____ | First Year Cert: _____ |
| Work E-mail: _____ | First Year ESP: _____ |

Certified Full Time Part Time Subject: _____
ESP Full Time Part Time Position: _____

Payment Method

| | # of Deductions | Certified Amount* | ESP Amount* | |
|--|-----------------|-------------------|-------------|---|
| <input type="checkbox"/> PAYROLL DEDUCTION | 24 | \$28.10 | \$15.60 | |
| <input type="checkbox"/> ELECTRONIC BANK DRAFT (ATTACH VOIDED CHECK) Routing# _____ Account# _____ | 12 | \$56.20 | \$31.20 | Recurring charge on the last business day of each month unless it falls on a weekend or holiday |
| <input type="checkbox"/> CREDIT/DEBIT CARD (MC, VISA, DISC) Card# _____ Exp. Date _____ CVV _____ | 12 | \$56.20 | \$31.20 | Recurring charge on the last business day of each month unless it falls on a weekend or holiday |

* Deduction amounts are based on full time employment and are valid through Aug 31, 2022. Amounts may vary based on date signed, employment status and/or prior membership status.

Date of birth and ethnicity are optional and not a requirement of membership.

GAE annual membership dues include the following refundable contributions:

- Georgia Association of Educators Foundation - \$2 for Active Certified members and \$1 for Active Education Support members. GAE Foundation contributions fund educational scholarships and grants to members and potential educators and are tax deductible as charitable contributions.
- Georgia Association of Educators-Fund for Public Education (GAE-FPE) - \$6 for Active Certified members and \$3 for Active Education Support members. GAE-FPE contributions are used for political purposes and are not tax deductible.

GAE Foundation and GAE-FPE contributions are voluntary and members have the right to a refund of these contributions. Send your request for refund of GAE Foundation or GAE-FPE contributions in writing to GAE Membership Processing at the address shown below.

Organization of DeKalb Educators annual membership dues include refundable ODE-PAC contributions of \$1.50 for Active Certified members and \$.75 for Active Education Support members. ODE-PAC contributions are used for political purposes and are not tax deductible. ODE-PAC contributions are voluntary, and members have the right to a refund of these contributions. Send your request for refund of ODE-PAC contributions in writing to ODE-PAC, 100 Crescent Center Parkway, Suite 290, Tucker, Georgia 30084.

NEA, GAE, and local association membership dues are not deductible as charitable contributions. Six percent (6%) of GAE membership dues is attributable to lobbying expenses and is not tax deductible.

•Membership Commitment: I want to join with my fellow employees and become a member of the local association if applicable, the Georgia Association of Educators, 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.

•By providing my cell phone number, I understand that the GAE and its affiliates, including the NEA, may use it for text message alerts. Carrier message and data rates may apply to such alerts. NOTE - Individuals may revoke this consent at any time, and their revocation must be honored. Violations carry penalties enforced by FCC.

•Annual Payment Authorization: I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services provided. 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 or other arrangement unless I revoke this authorization only by written notification to GAE, my local association and employer (if applicable) between September 1 and September 30 of each year.

Signature: _____ Date: _____

Association Representative (Optional): _____ Date: _____