



**NORTH CAROLINA ASSOCIATION OF EDUCATORS  
NATIONAL EDUCATION ASSOCIATION  
2009-2010 NEW ENROLLMENT FORM**



LOCAL \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

School ID:

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SOCIAL SECURITY NUMBER

LAST NAME FIRST NAME MIDDLE INITIAL

			<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
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ADDRESS	
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CITY STATE		ZIP
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HOME EMAIL	
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HOME PHONE ( ) ( )	MOBILE PHONE ( ) ( )
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POSITION CODE	SUBJECT CODE	ETHNIC CODE	<b>DUES ARE NOT REFUNDABLE</b>
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**CREDIT CARD MEMBERS**

For quicker and more secure credit card processing go to [www.ncae.org](http://www.ncae.org) and enroll online.

CARDHOLDER NAME \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

I authorize NCAE to charge \$ \_\_\_\_\_ for membership dues to my credit card account for the 2009-2010 membership year.

SIGNATURE \_\_\_\_\_ EXPIRES \_\_\_\_\_

ASSOCIATION	MEMBER-SHIP CODE	ANNUAL PAYMENT
NEA		
NCAE		
NCAE LOCAL		
NCAE-PAC/NC Foundation (Optional)		*\$40.00
NCAE DIVISION		
TOTAL		
METHOD OF PAYMENT		
<input type="checkbox"/> CASH <input type="checkbox"/> PAYROLL <input type="checkbox"/> VISA/MC		
Payroll Monthly Deduction: \$ _____		
No. of Deductions: _____		

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.

\*Current Cash and credit card members may write a separate check payable to NCAE-PAC.

Were you a member of NCAE/NEA during the last school year?  YES  NO

If yes, what local \_\_\_\_\_

CASH / CREDIT CARD MEMBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

LOCAL ASSOCIATION REPRESENTATIVE \_\_\_\_\_

**PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize my employer to deduct from my salary, in accordance with the agreed upon payroll deduction procedure, my membership dues as revised annually in the amounts indicated above for the 2009-2010 membership year and as revised each membership year thereafter, provided that I may revoke this authorization as of September 1 of any year by giving written notice to my local association to that effect on or before that date. If for any reason, excepting death, my employment is terminated, or I am on leave of absence, amounts still owing under this authorization shall be deducted from final pay due.

I understand that I am not eligible for any Legal Services until after September 1, 2009.

By my signature, I indicate that I have read and understand the terms of this agreement.

MEMBERSHIP ENROLLMENT SHALL CONTINUE EACH YEAR UNTIL I NOTIFY MY LOCAL UNIT OTHERWISE

**Check here for early enrollment.** As a participant in the NCAE/NEA AND LOCAL association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2009 but in no event before April 1, 2009—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 2009-10 membership year in accordance with the 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, 2009.

PAYROLL MEMBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

The North Carolina Association of Educators, the NCAE-PAC and the National Education Association Fund for Children and Public Education collect voluntary contributions from Association members and use those contributions for political purposes including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal, or in the case of the NCAE-PAC and the local PAC, state and local office. Contributions to the NCAE-PAC, the local PAC, and the NEA Fund for Children and Public Education are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although the NCAE-PAC, the local PAC and the NEA Fund for Children and Public Education request an annual joint contribution of \$40.00 this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in the NEA or the North Carolina Association of Educators.

Members who do not wish to contribute the suggested amount of \$40.00 but do wish to make a contribution of a different amount should make their contributions to the PAC, the local PAC and the NEA Fund for Children and Public Education by personal check or credit card. The suggested amount of \$40 includes a \$4 tax deductible contribution to the NC Foundation for Public School Children. The Foundation assists North Carolina schools and students during times of need. Members can also make a separate contribution to the NC Foundation for Public School Children.

Contributions or gifts to the NCAE-PAC, the local PAC, and the NEA Fund for Children and Public Education are not deductible for federal income tax purposes. Federal law requires us to use our best efforts to collect the name, mailing address, occupation, and the name of employer of individuals whose contributions aggregate in excess of \$50 in an election cycle. Federal law prohibits the NEA Fund for Children and Public Education from receiving donations from persons other than members of the NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates and their immediate families will be returned forthwith.

I hereby authorize my employer to continue to deduct from my salary as a voluntary contribution to the PAC, my local association's PAC, and the NEA FCPE the guideline amount for such contributions proposed annually. I understand that the amount deducted for such voluntary contributions will be divided between the NCAE-PAC, the local association PAC, and the NEA PAC on a 1/3, 1/3, 1/3 basis. This authorization shall remain in effect unless revoked by me in writing to my local association.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ NAME OF EMPLOYER \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ OR NEA MEMBER ID # \_\_\_\_\_

LOCAL OR STATE ASSOCIATION \_\_\_\_\_

E-MAIL ADDRESS\*(Optional) \_\_\_\_\_