



**NORTH CAROLINA ASSOCIATION OF EDUCATORS
NATIONAL EDUCATION ASSOCIATION
2011-2012 ENROLLMENT FORM**



SOCIAL SECURITY NUMBER

FILL OUT COMPLETELY

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

Mr. Miss Dr.
 Mrs. Ms.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME EMAIL _____

HOME PHONE () _____ MOBILE PHONE () _____

POSITION CODE _____ SUBJECT CODE _____ ETHNIC CODE _____ **DUES ARE NOT REFUNDABLE**

CREDIT CARD MEMBERS
For quicker and more secure credit card processing go to 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 2010-2011 membership year.

SIGNATURE _____ EXPIRES _____

LOCAL _____

SCHOOL NAME _____

School ID: **0**

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"/> CHECK <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.
*Credit card members may write a separate check payable to NCAE-PAC.

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 2011-2012 membership year and as revised each membership year thereafter, provided that I may revoke this authorization within 15 days after the first payroll deduction 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, 2011.

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, 2012 but in no event before April 1, 2012—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 2012-2013 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, 2012.

_____ 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. Only U.S. citizens or lawful permanent residents may contribute to the NEA or NCAE Fund. 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 # _____

NCAE LOCAL ASSOCIATION OR COUNTY _____

HOME E-MAIL ADDRESS (No school accounts) _____

