



2019-2020 MEMBERSHIP FORM



OEA ID# _____
(For Office Use Only) PM → AC

(Field Use Only)	
<input type="checkbox"/> 1-on-1	<input type="checkbox"/> Group

1 YOUR INFORMATION

EMPLOYER	HILLSBORO SCHOOL DISTRICT 1J		WORK LOCATION		
LOCAL/CHAPTER	HILLSBORO EA /				
PERSONAL INFO	Last		First		Middle
	Date of Birth		Last 4 SS #		Employee ID #
	Ethnicity	<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian	<input type="checkbox"/> Black
		<input type="checkbox"/> Caucasian (Not Hispanic)		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Ethnic
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Other	<input type="checkbox"/> Decline to Answer		
CONTACT INFO	Home Address				
	City		State	Zip	
	<input type="checkbox"/> Okay to text me ¹	Cell Phone	Home Phone		
	Non-Work Email ²				

¹ – By checking this box, I understand that the National Education Association and its affiliates including the Oregon Education Association, the local Association, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Oregon Education Association and the local Association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

² – Member email addresses are stored in a database shared by the National Education Association, OEA, and local affiliates. Email lists are not sold, leased, or rented to any other organizations.

2 VERIFY (Both boxes must be checked in order to confirm membership and dues authorization.)

Membership Commitment: YES – I want to join with my fellow employees and become a member of the local association, the Oregon 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.

Annual Payment Authorization: YES – I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the union provides. 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 unless I revoke this authorization in a signed writing sent to the President of the Oregon Education Association (6900 SW Atlanta Ave Portland, OR 97223) via U.S. mail, between September 1 and September 30 of the membership year for which the authorization is to be cancelled.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

3 SIGN & DATE

Signature _____

Date _____

4 FURTHER YOUR IMPACT Make a Voluntary Donation

I'm contributing to OEA-PAC and the NEA Fund (\$50 single or \$100 married filing jointly tax credit!):³

- \$20 to NEA Fund and \$100 to OEA-PAC *per year*
- \$ _____ NEA Fund* and \$ _____ OEA-PAC
- \$ _____ Local PAC

I'm contributing to the OEA Foundation (tax deductible):

- \$12 per year** **\$24 per year** \$ _____ per year

³Oregon Education Association Political Action Committee (OEA-PAC) collects voluntary contributions from members to support recommended candidates in state elections. NEA Fund collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to The NEA Fund. Federal law prohibits The NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. Contributions or gifts to OEA-PAC and The NEA Fund are not deductible as charitable contributions for federal income tax purposes. Contributions will be deducted for the current membership year and for each membership year thereafter in accordance with the payroll deduction procedure.



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ADDITIONAL INFO

1) What year did you enter the profession? (YYYY) ____ _

2) I am:

- Already a member
- Joining the Association today
- Transferring from another district
- Interested in receiving more information about membership

3) Our Association provides resources and support to educators to ensure your success with students. What tools/trainings would you like to hear more about?

- Classroom management (e.g. student behavior)
- Lesson planning
- Working with mentors/coaches
- Working with families
- Collaborating with administrators and colleagues
- Unpacking professional expectations (e.g. evaluations, observations)

4) Our Association works to ensure that schools provide our students with the opportunities to be successful. Which issues are most important to you?

- Social and racial justice
- Meeting the needs of students in poverty
- Family and community engagement
- Fully funded schools
- Education policy – contributing to critical decisions affecting my school/students
- Political advocacy – supporting education policies to ensure that all students have the opportunity to succeed

5) Our Association advocates for conditions that retain high-quality educators for students. Which of these are you most interested in learning about?

- Salary
- Educator rights and responsibilities
- Health care benefits
- Pensions and retirement security
- Student debt and/or finances
- Stretching your paycheck
- Working conditions