Membership Form: Authorization for Payroll Deduction

Cherry Creek Education Association

PLEASE PRINT **2018 - 2019 SY**

Name: _____ **Date of birth**: ____/____/____
First **Middle** **Last** **Month/ Day/ Year**

Address:_____ ___ ___ ___ ___ _____
Street **Apt/Unit #** **Last Four SSN** **Employee #**

_____ _____
City **State** **Zip Code** **School/Building**

Cell Phone: _____ **Home Phone**: _____
E-mail-Home:_____ **E-mail-Work:**_____
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: *$69.89 monthly for Professional Dues
☐ Part-time (59% contract or less) - amount is: *$35.90 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 $ _____

Ethnicity (optional): _____ [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 until revoked by me in writing. Written revocation to drop membership for the following school year must be forwarded to the District Payroll Office and to the Cherry Creek Education Association before the end of August.

_____ _____
New Member Signature **CCEA Representative Signature**

Date: _____ **(RETURN TO SCOT KAYE, CCEA @ ESC)**

Cherry Creek Education Association – FRUU – CEA – NEA
2851 S. Parker Rd. #1000, Aurora, CO 80014 – Web Site: www.cceanow.org
Ph: 303-696-6265 Fax: 303-696-0104 Email: cceanow@gmail.com