



Membership Form: Authorization for Payroll Deduction

Cherry Creek Education Association

PLEASE PRINT

2019 - 2020 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: *\$72.33 monthly for Professional Dues
____ Part-time (59% contract or less) - amount is: *\$37.13 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)

