

Oklahoma Education Association/National Education Association 2009-10 Continuous Membership Form

Name _____

School District/Institution Putnam City Schools Building Name/Location _____

SOCIAL SECURITY # _____ - _____ - _____

Home Address _____

City & State _____ Zip _____

Home Phone Number (_____) _____

E-mail _____

Cell Phone (_____) _____

Membership Category (check one)	
<input type="checkbox"/> OEA/NEA Active Certified	\$434.00
<input type="checkbox"/> OEA/NEA Active Certified (half-time)	\$222.00
<input type="checkbox"/> OEA/NEA Active Educational Support	\$229.50
<input type="checkbox"/> OEA/NEA Active Educational Support (half-time)	\$120.00
<input type="checkbox"/> OEA/NEA Substitute	\$151.00
<input type="checkbox"/> OEA/NEA Reserve (Former Certified)	\$212.00
<input type="checkbox"/> OEA/NEA Reserve (Former Educational Support)	\$110.00
Local Dues	\$ 102.61
\$44.72 per month	
Total	\$ 536.61
Pay Method: <input type="checkbox"/> Cash <input type="checkbox"/> Payroll Deduct	

I'd like to receive text messages from OEA. yes no

- | Subject (check only one) | Position (check only one) |
|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Building/Grounds Maintenance |
| <input type="checkbox"/> Business | <input type="checkbox"/> Classroom Teacher |
| <input type="checkbox"/> Computer/Info Science | <input type="checkbox"/> Clerk/Admin Asst/Office Asst |
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Coach |
| <input type="checkbox"/> English/Language Arts | <input type="checkbox"/> Cook/Food Prep Worker |
| <input type="checkbox"/> Family/Consumer Science | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Health/Physical Education | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Industrial Arts | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Librarian/Media Specialist |
| <input type="checkbox"/> Music | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> PreK/Kindergarten | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Paraprofessional |
| <input type="checkbox"/> Science | <input type="checkbox"/> Principal/Asst Principal |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Superintendent/Asst Supt |
| <input type="checkbox"/> Speech and Drama | <input type="checkbox"/> Supervisor/Director |
| <input type="checkbox"/> Vocational/Tech Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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.

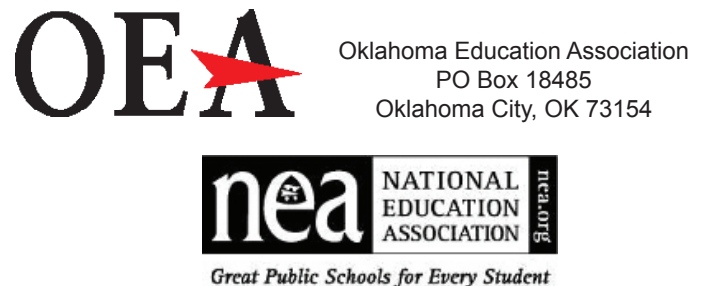
ETHNIC MINORITY & VOTER REGISTRATION information is *optional* and failure to provide it will not affect your membership status, rights, or benefits in OEA/NEA or any of their affiliates.

American Indian/Alaskan Native
 Asian
 Black
 Caucasian
 Hawaiian/Pacific Islander
 Hispanic
 Multi-Ethnic

Registered Voter? yes no

Party Affiliation? D R I

Information is confidential.



Membership Authorization

I desire to enroll in the Association as a continuing member and will pay annual dues as set by Delegate Assembly. I reserve the right to revoke this authorization.

For Payroll Deducting Members: I hereby authorize the local Board of Education or the institution where I am employed to deduct from my paychecks, in approximately equal installments during the months agreed to by the local Board of Education or the institution and the local Association, dues for the Association as directed above, in accordance with the policies of the local Association. This authorization shall continue for successive fiscal years unless revoked or employment is terminated.

I agree to hold the Board of Education or institutions harmless for said deductions. I understand that in the event any amount payable is not deducted

from my paycheck it remains an obligation that is fully enforceable by the OEA. I further recognize that the benefits of membership including but not limited to participation in group insurance programs and the legal service are contingent upon the continuance of membership.

Subscriptions to OEA publications (\$3.48) and NEA Today (\$5.40) are included. The IRS has ruled that dues used for lobbying are not deductible. The non-deductible amount for the 2009 tax year is \$20.67 for active certified and \$10.33 for active support.

X

Member Signature _____ Date _____

Membership is open to those who agree to subscribe to OEA's objectives and abide by its constitution and bylaws.

Recruited by (please print) _____

NEA Complimentary Life InsuranceSM

Membership includes free life insurance and accidental death and dismemberment coverage for eligible members. New members need to designate a beneficiary at neamb.com/insurance/linall.jsp or call 800-637-4636.