

2020-21 OKLAHOMA EDUCATION ASSOCIATION ENROLLMENT FORM

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

Last 4 Digits of Your SS # _____ Date of Birth: ____/____/____ *Gender: M F
xx/xx/xxxx

First Name _____ M.I. _____ Last Name _____

Home Address _____ City _____ State _____ Zip Code _____

CELL PHONE (_____) _____ - _____ HOME EMAIL: _____

HOME PHONE (_____) _____ - _____ WORK EMAIL (OPTIONAL): _____

SCHOOL DISTRICT: _____

WORK SITE: _____

Certified (place an X next to the position that best reflects your job) Other: _____

Classroom Teacher
 Counselor
 Librarian/Media Specialist
 Nurse
 Coach
 Administrator*
 Principal/Assistant Principal*
 Superintendent*
* Directly hires, evaluates, transfers, disciplines, or dismisses

Teaching Assignment: _____

Extra Duty Assignment: _____

Support Professional Other: _____

Bus Driver/Transportation
 Cook/Food Prep Worker
 Custodian
 Mechanic/Electrician/HVAC
 Nurse
 Paraprofessional/Aide
 Secretary/Clerk/Admin

Supervisor* _____
* Directly hires, evaluates, transfers, disciplines, or dismisses

MEMBERSHIP DUES	
<i>Check the category that best describes your position.</i>	
<input type="checkbox"/> OEA/NEA Active Certified	\$521.00
<input type="checkbox"/> OEA/NEA Active Certified (half-time)	\$272.00
<input type="checkbox"/> OEA/NEA Active Educational Support	\$260.50
<input type="checkbox"/> OEA/NEA Active Educational Support (half-time)	\$142.00
<input type="checkbox"/> Substitute	\$175.50
Local Dues	_____
Total	_____

PAYMENT METHOD
<input type="checkbox"/> Cash
<input type="checkbox"/> Payroll Deduct
<input type="checkbox"/> EFT (Electronic Funds Transfer) <i>Please attach a voided check or complete the banking information on the back side of this form.</i>

ETHNIC INFORMATION (OPTIONAL)
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi-ethnic
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown

VOTER REGISTRATION (OPTIONAL)
Registered Voter? <input type="checkbox"/> yes <input type="checkbox"/> no
Party Affiliation? <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> L

CERTIFICATION PATHWAY
<input type="checkbox"/> Traditional <input type="checkbox"/> Alternative <input type="checkbox"/> Emergency



Headquarters
 323 E. Madison, Okla. City, OK 73105
 800-522-8091, 405-528-7785

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www.okea.org

Membership is **voluntary** and open to those who agree to subscribe to OEA's objectives and abide by its constitution and bylaws. Membership in the OEA is not a condition of employment.

MEMBER SIGNATURE **DATE**

Please complete both sides of this form.

For office use only.
