

# 2019-20 OKLAHOMA EDUCATION ASSOCIATION MEMBERSHIP ENROLLMENT FORM

## PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

Last 4 Digits of Your Social Security Number		Date of Birth: xx/xx/xxxx		*Gender: (Circle One) <b>M</b> <b>F</b>
First Name		M.I.		Last Name
Apt. #	Address			
City			State	Zip Code

CELL PHONE ( \_\_\_ \_\_\_ \_\_\_ )  -

PERSONAL EMAIL: \_\_\_\_\_

TEXT\*:  YES  NO \*Data and messaging rates apply

LAND LINE ( \_\_\_ \_\_\_ \_\_\_ )  -

OTHER EMAIL: \_\_\_\_\_

LOCAL ASSOCIATION NAME: \_\_\_\_\_ WORK LOCATION / SCHOOL NAME: \_\_\_\_\_

## MEMBERSHIP DUES

## PAYMENT METHOD

## ETHNIC INFORMATION (OPTIONAL)

OEA/NEA Active Certified	\$517.00	<input type="checkbox"/> <b>Cash</b>
OEA/NEA Active Certified (half-time)	\$270.00	<input type="checkbox"/> <b>Payroll Deduct</b>
OEA/NEA Active Educational Support	\$258.50	<input type="checkbox"/> <b>EFT (Electronic Funds Transfer)</b>
OEA/NEA Active Educational Support (half-time)	\$141.00	<i>Please attach a voided check or complete the banking information at the bottom of this form.</i>
Substitute	\$175.50	
Local Dues	_____	
<b>Total</b>	_____	

- American Indian/Alaskan Native
- Asian
- Black
- Caucasian
- Hawaiian/Pacific Islander
- Hispanic
- Multi-ethnic
- Other
- Unknown

## VOTER REGISTRATION (OPTIONAL)

Registered Voter?  yes  no

Party Affiliation?  D  R  I  L

## POSITION – PLEASE “X” ONE

<p><b>Certified</b></p> <p><input type="checkbox"/> Classroom Teacher <span style="margin-left: 150px;"><input type="checkbox"/> Other</span></p> <p><input type="checkbox"/> Counselor</p> <p><input type="checkbox"/> Librarian/Media Specialist</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Administrator*</p> <p><input type="checkbox"/> Principal/Assistant Principal*</p> <p><input type="checkbox"/> Superintendent*</p> <p>Teaching Assignment (grade level &amp;/or subject) _____</p> <p>Extra Duty Assignment _____</p>	<p><b>Support Professional</b></p> <p><input type="checkbox"/> Bus Driver/Transportation</p> <p><input type="checkbox"/> Cook/Food Prep Worker</p> <p><input type="checkbox"/> Custodian</p> <p><input type="checkbox"/> Mechanic/Electrician/HVAC</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Paraprofessional/Aide</p> <p><input type="checkbox"/> Secretary/Clerk/Admin</p> <p>Other: _____</p> <p><input type="checkbox"/> Supervisor*</p> <p style="text-align: right; font-size: small;">* Directly hires, evaluates, transfers, disciplines, or dismisses</p>
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## Undergrad College/Graduation Year

## Certification Pathway

\_\_\_\_\_  Check if previous STUDENT MEMBER  Traditional  Alternative  Emergency

## MY INTERESTS

1) What year did you enter the profession?

(YYYY)

2) Our Association provides resources and support to educators to ensure student success. How can we help you in your career and practice as an educator?

Student Behavior / Classroom Management

Curriculum Assistance

Access to Mentors and/or Coaches

Working with Parents

Working with Administrators

Understanding Your Evaluation/Observation Process

3) Our Association works to ensure every school provides our students with the opportunities to succeed. Which of the following issues are most important to you?

Social and Racial Justice

Economic Justice

Parental and Community Engagement

Fully-funded Schools

Conditions in the Workplace

Education Policy—policy that impacts your school at the local, state and/or national level

Political Advocacy—advocate for policies that ensure all students get the opportunities they deserve

4) Our Association advocates for conditions that retain high-quality educators for students. Which of these are of interest to you?

Compensations & Contracts

Educator Rights & Responsibilities

Health Care & Insurance

Pension & Retirement Benefits

Student Debt and/or Finances

Stretching Your Paycheck

**I am:**

Already a member

Transferring from another district

Joining the association today

Interested in receiving more information about membership

Not interested in joining today

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

\_\_\_\_\_

**MEMBER SIGNATURE** **DATE**



For office use only.

\_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER (Complete this box ONLY if you are paying dues through bank draft.)

Financial Institution: \_\_\_\_\_

Routing Number (9 digits):

Account Number: