



OEA Fund for Children and Public Education
NEA Fund for Children and Public Education

Local/Zone: _____

Name: _____

Member ID #: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I would like to receive text alerts: Yes

Signature: _____ Date: _____

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 to the right.</i>

ELECTRONIC FUNDS TRANSFER																
<i>(Complete this box ONLY if you are paying dues through bank draft.)</i>																
Financial Institution:	_____															
Routing Number (9 digits):	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															
Account Number:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															

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