

2023-24 OKLAHOMA EDUCATION ASSOCIATION ENROLLMENT FORM



TO USE **AUTOPAY**
SCAN TO SKIP FORM
AND JOIN ONLINE

OR TEXT "JOIN" TO 48744

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

Last 4 Digits of Your SS # _____ Date of Birth: _____
xx/xx/xxxx

First Name _____ M.I. _____

Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

CELL PHONE (_____) _____ - _____

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

HOME EMAIL: _____

WORK EMAIL: _____

HOME PHONE (_____) _____ - _____

SCHOOL DISTRICT: _____

BUILDING WORK SITE: _____

What year did you enter the profession? _____

**By providing my cell phone number, I understand that NEA and its affiliates, including the OEA, my local association, NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply.*

Place an X next to the position that best reflects your job.

Certified

- Classroom Teacher^
- Counselor
- Librarian/Media Specialist
- Nurse
- Coach
- Administrator*
- Principal/Assistant Principal*
- Superintendent*
- Adjunct (Certified)

^Subject (If Applicable)

- Math
- Social Studies
- Language Arts
- Science
- Arts
- Other

Support

- Bus Driver/Transportation
- Cook/Food Prep Worker
- Custodian/Grounds/Maintenance
- Mechanic/Electrician/HVAC
- Nurse/Clinic Assistant
- Paraprofessional/Aide
- Secretary/Clerk/Admin
- Supervisor*
- Adjunct (Non-Certified)

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

ANNUAL MEMBERSHIP DUES

Check the category that best describes your position.*

OEA/NEA Active Certified	\$529.00
OEA/NEA Active Certified (half-time)	\$276.00
OEA/NEA Active Educational Support	\$263.50
OEA/NEA Active Educational Support (half-time)	\$143.50
Substitute (Active Professional)	\$175.50
Local Dues	A _____

OEA Fund for Children and Public Education

The OEA FCPE supports friends of public education running for office. Additional legislative friends of public education will be needed to realize the goals of the Worth It Campaign.

Donate \$1 a month to the Worth It Campaign	\$12.00
or	
Other amount (per year)	B _____

Total Dues & FCPE (A + B) _____

**Note: Actual certified dues will be beginning salary on State Minimum Salary Schedule as of Sep. 1 multiplied by .00877*

PAYMENT METHOD

- Autopay (Requires joining online)**
(Credit, Debit, or Bank Draft)
- Cash**
- Payroll Deduct**

VOTER REGISTRATION (OPTIONAL)

Registered Voter? yes no
Party Affiliation? D R I L

RACE/ETHNICITY (OPTIONAL)

- American Indian/Alaskan Native
- Asian
- Black
- Caucasian (not Hispanic origin)
- Native Hawaiian/Pacific Islander
- Hispanic
- Multi-ethnic
- Other
- Unknown

I **voluntarily** accept membership into OEA, my local association, and NEA and agree to abide by their Constitution and Bylaws. I agree to pay the annual dues of these associations. I understand membership is not a condition of employment and is continuous until I decide to discontinue my benefits and membership with these associations.



Oklahoma Education Association
putting education first

Headquarters
PO Box 18485, Okla. City, OK 73154
800-522-8091, 405-528-7785

Tulsa Regional Office
10820 E. 45th St., Ste. 110, Tulsa, OK 74146
800-331-5143, 918.665.2282

MEMBER SIGNATURE _____

DATE _____