

**Aurora Education Association – CEA – NEA**  
**Authorization for Membership and Salary Deduction**  
**2009-2010**

PLEASE PRINT

**Membership Type** (check one):  Active Pre-K/12 Teacher  Student Member

**Membership Status** (Active Members Only):  Full-time  Part-time

**Social Security #** (for member identification only) \_\_\_\_\_

**Name: First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt.#** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Are you a U.S. citizen (required)**  Yes  No

**Home Phone:** (     ) \_\_\_\_\_ **Work Phone:** (     ) \_\_\_\_\_

**Home E-Mail Address:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Registered Voter:**  Yes  No  Republican  Democrat  Independent  Other

**Gender:**  M  F **Ethnicity** (check all that apply):  American Indian/Alaska Native  Asian  Black  
 Caucasian not of Hispanic/Latino origin  Hispanic  Multi-ethnic  
 Native Hawaiian/Pacific Islander  Other

**Position:**  Classroom Teacher  Librarian/Media Specialist  Special Education Teacher  Nurse  
 Counselor  Psychologist  Social Worker  Speech/Hearing Therapist

**Subject:**  General Subjects/Elementary  Early Childhood  Special Education/Special Services  
 Basic Curriculum/Junior High or Middle School  Secondary Math  Secondary Language Arts  
 Secondary Social Studies  Secondary Science  Art  Music  Physical Education  Other

**First Year Reduced Dues:**  *Check here if you are eligible for First Year Reduced Dues because this is the first year you have ever been employed by any public school district or Board of Cooperative Services or college/university.*

**Method of Payment:**  Payroll Deduction

**Monthly Amount: Check one**

- Full Time - \$63.00
- 1<sup>st</sup> year -took rebate-\$63.00
- 1<sup>st</sup> year - \$49.70
- Part-time - \$31.92
- PT-1<sup>st</sup> year - \$25.27

I authorize the Aurora Public Schools to make such deduction from year-to-year in the amount certified by the AEA for each year.

All deductions from my salary for United Education Profession dues are to be promptly remitted to the AEA in accordance with the procedures agreed to by the School District and AEA.

If I desire to terminate my membership, I agree to notify the District Payroll Office, in writing, July 1 - August 10. Dues deduction will cease with the August payroll.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Local Association Representative:** \_\_\_\_\_