

# PAYROLL DEDUCTION MEMBERSHIP ENROLLMENT FORM



**ALABAMA EDUCATION  
ASSOCIATION**  
SEPTEMBER 1 - AUGUST 31  
2022-2023



<b>AEA USE ONLY</b>	UD DISTRICT NUMBER:	
AEA MEMBER ID NUMBER		

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY													
Social Security Number					*Date of Birth: 00/00/0000				*Gender: (Circle One) M F	Check if previous STUDENT MEMBER <input type="checkbox"/>			
First Name				M.I.	Last Name								
Apt. #	Address												
City							State				Zip Code		

CONTACT INFORMATION											
CELL PHONE ( ___ ___ )						PERSONAL EMAIL:					
TEXT*: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Data and messaging rates apply</i>						WORK EMAIL:					

ETHNIC INFORMATION - PLEASE "X" ONE											
<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE				<input type="checkbox"/> ASIAN				<input type="checkbox"/> MULTI-ETHNIC			
<input type="checkbox"/> AFRICAN AMERICAN/BLACK				<input type="checkbox"/> HISPANIC				<input type="checkbox"/> UNKNOWN			
<input type="checkbox"/> CAUCASIAN/NOT SPANISH ORIGIN				<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER				<input type="checkbox"/> OTHER			

MEMBERSHIP INFORMATION											
LOCAL ASSOCIATION NAME: _____											
WORK LOCATION / SCHOOL NAME: _____											

ASSOCIATION	MONTHLY AMOUNT
AEA/NEA	
LOCAL DUES	
<b>TOTAL</b>	

MEMBERSHIP TYPE - PLEASE "X" ONE
<input type="checkbox"/> Active / Certified <input type="checkbox"/> ESP / Support <input type="checkbox"/> Active (part-time) <input type="checkbox"/> ESP (part-time)

POSITION CODES - PLEASE "X" ONE															
<input type="checkbox"/> ADMN Administrator*				<input type="checkbox"/> CUST Custodian				<input type="checkbox"/> COOK Cook/Food Prep Worker				<input type="checkbox"/> SCAS Secretary/Clerk/Admn Svcs			
<input type="checkbox"/> ATHL Athletic Director*				<input type="checkbox"/> CLTR Classroom Teacher				<input type="checkbox"/> LPNU Licensed Practical Nurse				<input type="checkbox"/> BTVD Bus/Truck/Van Driver			
<input type="checkbox"/> PRIN Principal/Assistant Principal*				<input type="checkbox"/> INSP Instructional Specialist				<input type="checkbox"/> RGNU Registered Nurse				<input type="checkbox"/> LIBR Librarian/Media Specialist			
<input type="checkbox"/> SINT Superintendent*				<input type="checkbox"/> COCH Coach				<input type="checkbox"/> PAED Paraeducator (Instr/Non-Instr)				<input type="checkbox"/> OTHR Other:			
<input type="checkbox"/> SPRV Supervisor/Director*				<input type="checkbox"/> CNSL Counselor											

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

SURVEY QUESTIONS											
<b>1) What year did you enter the profession?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (YYYY)	<b>be most useful to help you and your students succeed?</b> <input type="checkbox"/> Managing Student Behavior <input type="checkbox"/> Peer Mentoring and Coaching <input type="checkbox"/> Meeting the Needs of Students with Trauma <input type="checkbox"/> Student Bullying and Suicide Prevention <input type="checkbox"/> School Safety <input type="checkbox"/> Career Development Planning <input type="checkbox"/> Lesson Planning <input type="checkbox"/> Working with Mentors/Coaches <input type="checkbox"/> Working with Families <input type="checkbox"/> Collaborating with Administrators and Colleagues	<input type="checkbox"/> Unpacking professional expectations (e.g. evaluations, observations) education policies to ensure all students have opportunities to succeed									
<b>2) I am:</b> <input type="checkbox"/> Already a member <input type="checkbox"/> Transferring from another district <input type="checkbox"/> Joining the Association today <input type="checkbox"/> Interested in more information about membership	<b>4) Your Association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?</b> <input type="checkbox"/> Social and Racial Justice <input type="checkbox"/> Meeting the Needs of Students in Poverty <input type="checkbox"/> Family and Community Engagement <input type="checkbox"/> Fully Funded Schools <input type="checkbox"/> Education Policy - contributing to critical decisions affecting my students, school, and district <input type="checkbox"/> Political Advocacy - supporting	<b>5) Your Association advocates for conditions that retain high-quality educators for students. Which of these are of interest to you?</b> <input type="checkbox"/> Salary <input type="checkbox"/> Educator Rights & Responsibilities <input type="checkbox"/> Health Care Benefits <input type="checkbox"/> Pensions and Retirement Security <input type="checkbox"/> Student Debt and/or Finances <input type="checkbox"/> Stretching Your Paycheck <input type="checkbox"/> Working Conditions									
<b>3) Our Association provides resources and support to members to ensure student success. What areas of support would</b>											

Payroll Deduction: I authorize my employer to deduct from my salary and pay, in accordance with the agreed-upon payroll deduction procedure, (Section 16-22-6, Code of Alabama, 1975), the professional dues as established annually/monthly, as indicated above for the 2022-2023 membership year and every year thereafter provided that I may revoke this authorization for a succeeding membership year by giving written notice to that effect to AEA business office on or before September 15 of that year. If employment is terminated, amounts still owed under this authorization shall be deducted from my final pay due. \*Not required for AEA membership.

MEMBER SIGNATURE	DATE	LOCAL ASSOCIATION REPRESENTATIVE SIGNATURE
IMPORTANT: PLEASE FORWARD WHITE COPY TO AEA UNISERV DIRECTOR		YELLOW COPY: MEMBER'S COPY