



Membership Enrollment Form

Membership Year: September 1, 2015 - August 31, 2016

MEMBERSH	HIP INFORMATION		SCHOOL DISTRICT AND SCHOOL							
Ms. Miss Mrs. Mr. Dr.										
Name		District								
	ame(First) (Middle) (Last)					School or Worksite				
Address	-									
City	C	tato 7in	_							
	City State Zip				MEMBERSHIP CATEGORY					
Home PhoneCell Phone				Associatio	Membership Category	Payment				
Personal E-Mail Address	_	Association	(See Below)	rayment						
Work E-Mail Address	_	NEA								
Position		GAE**								
Social Security #										
		Local		<i>*</i>						
Date of Birth*	Date of Birth* Ethnicity*				TOTAL \$					
NEA/GAE MEMBERSHIP		Active Professional Certifie	d Full-t	ime	Active ESP Full-time					
CATEGORIES AND DUES	NEA DUES	\$187.50			\$114.00	\$114.00				
(See the back of Page 1 for a complete description of categories and dues)	GAE DUES**	\$289.00	\$289.00							
		PAYMENT METHOD								
		(Check preferred method and complete app	plicable b	lock)						
☐ Cash, Check or Money	Order	\$		oll Deduction\$Per Pay Period						
		Number of Pay Periods								
				Credit Card (Visa or Mastercard) [Please complete the reverse side of top page]						
educational scholarships and gran	de the following refundal oundation - \$2 for Activ ts to members and pote and for Public Education	ole contributions: e Certified members and \$1 for Activ ntial educators and are tax deductible (GAE-FPE) - \$6 for Active Certified	ve Educa e as chai	itable contrib	outions.					
GAE Foundation and GAE-FPE contri GAE-FPE contributions in writing to C			of these o	ontributions.	Send your request for refund of	GAE Foundation and/or				
NEA, GAE, and local association meml deduction. Six percent (6%) of GAE me					on) may be deductible as a misce	llaneous itemized				
I hereby apply for continuous members current membership year and each year September 30 of each year.										
Member Signature		Date								
Association Representative (AR)				[Date					
		uite 500 • Tucker, Georgia 30								
		CHANGE OF ASSOCIATION	N FORI	 И						
If you presently pay d	ues to De	Dear Payroll Office:								
another association by	payroll pla	assa discontinua navroll daduc	tion of	my (name of	organization)	membershin				
deduction and wish to	cnange		payroll deduction of my (name of organization) membership heck for the 2015-2016 school year. I am notifying my local association.							
your membership before imposed deadline, ple	ore its	Social Security # School								
your payroll office. Re	efer to Th	Thank you, (Signature)								
sample letter to the ri	1	te								

Date

CREDIT CARD AUTHORIZATION													
Name (as it appears on o	credit card	i)											
Payment (full payment only) \$					_	☐ Visa	☐ Masterca	rd					
Credit Card Number							Expiration Date						
Signature (required)						_	Date						
EASY PAY/ELECTRONIC BANK DRAFT AUTHORIZATION													
Bank Name						Bank T	ransit Nun	nber					
Account Number						Bank T	elephone N	Number					
Monthly Payment Amount \$ (Charges are debited on the last business day of each month)					No. of F	No. of PaymentsStart Date (month/year)							
(Charges are debited on the last business day of each month) STAPLE A VOIDED PERSONAL CHECK TO THIS MEMBERSHIP FORM													
I understand that I have authorized GAE to initiate debit entries to my checking account and bank indicated above (hereinafter called BANK), to debit the same to such account. I will not hold my BANK liable for any erroneous debits made by GAE. My BANK shall deduct from my designated account and pay such amounts to GAE pursuant to Easy Pay Plan provisions. This authorization is to remain in full force and effect until BANK receives written notification from me of its termination in such time and manner as to afford BANK a reasonable opportunity to act on it. I may stop payment of a debit entry by notifying BANK prior to charging account. After my account has been charged, I have the right to have the amount of erroneous debit immediately credited to my account up to 15 days following issuance of Statement of Account or 45 days after the charge, whichever comes first. I further understand that if I stop payment of any debit to this Authorization, my membership in GAE/NEA and the local association will be terminated unless prior coordination and agreement with GAE have been accomplished. Signature (required) Date													
The following information	is represen		•		ERSHIP Cone applicable coo			ce provided on t	he front of this	form.			
POSITION CODES Administrator* Bldgs/Grnd Main/Repair Srvs Classroom Teacher Coach Counselor Curriculum Specialist Food Services Health & Student Services Librarian/Media Specialist Paraeducator Reading Specialist Secretary/Clerk/Admin Services Security Services Social Worker Special/Develop Ed Speech/Hearing Therapist	ADMN BGOT CLTR COCH CNSL CRSP FSOT HCOT LIBR PPOT READ SCOT SSOT SCWK CDSP SHTH	Technical Serv Transp/Deliver Other Unknown Si Adult Basic Ed Art Basic Ed Curric Basic Skills & F Business Educ Coaching Communicatic Computer & in Distributive Ed Driver's Ed Early Child De	vices sry/Vehicle Mechar sUBJECT CODES ducation culum Remed Ed cation ions nfo Science d/Co-op	TSOT	English/Lang Art English as a Secor Foreign Language Health & Physical Home Economics Industrial Arts Law Enforcement Mathematics Music Reading Religion/Philosop Science Social Studies/Soc Special Ed/Develo Special Ed/Develo Specech & Drama Vocational & Tech No Subject Taugh	nd Language e/Lit Education hy cial Sciences opment Ed	ELAR ENSL FLLI HEPE HOME INAR LAEN MATH MUSI READ REPH PHSC SSSS SDED SPDR VTED NONE	General Subjects Other	IICITY CODES 'Alaska Native of Spanish origin)	GSUB OTHR 01 06 03 04 05 07 08 09 UK			
NEA MEMBERSHIP CAT Active Professional Full-time Active Professional - 50% Active Professional - 25% or less Active ESP Full-time Active ESP - 50% Active ESP - 25% or less Reserve (Former Professional) Reserve (Former ESP) Retired Annual (prior to 9/1/73) Retired Annual (on/after 9/1/73) Retired Lifetime (Initial Year)	AC-1-100 AC-1-50 AC-1-25 AC-2-100 AC-2-50 AC-2-25 RS-1-0 RS-2-0 RT-8-6	\$187.50 \$106.50 \$ 66.25 \$114.00 \$ 70.00 \$ 48.00 \$ 81.00 \$ 44.50 \$ 5.00 \$ 30.00 \$250.00	Pre-Retired (Life Staff Student Substitute GAE ME Active Certified Active Certified Associate	EMBERSHIP C Full-time** - 50%**	RT-9-7 SF-0-0 ST-0-0 SB-0-0 ATEGORIES/DUES AC-1-100 AC-1-50 * AC-1-25 AS-0-0	\$250.00 \$ 81.00 \$ 15.00 \$ 15.00 \$ 15.00 \$148.50 \$ 78.25 \$ 25.00	Retired Anni Retired Lifet Pre-Retired (Student (Hig Student (Hig Substitute (N Substitute (N	50%** 25% or less** ual ime (Initial Year) (Lifetime) yher Education)	AC-2-100 AC-2-50 AC-2-25 RT-8-0 RT-7-7 RT-9-7 ST-0-0 AS-62-0 SB-1-0 SB-2-0 NM-51-0	\$144.50 \$ 74.25 \$ 39.13 \$ 25.00 \$150.00 \$ 3.00 FREE \$140.50 \$ 70.25 \$ 15.00			

^{*} Directly hires, evaluates, transfers, disciplines or dismisses.

Annual membership dues to GAE include \$15 for a one-year subscription to our official publication.

**GAE membership dues include GAE-FPE and GAE Foundation contributions of \$6 and \$2 for Active Certified members and \$3 and \$1 for Active Education Support members, respectively. GAE-FPE and GAE Foundation contributions are voluntary and members may request a refund of these amounts.