



2010-2011 MEMBERSHIP APPLICATION

Retired/Utah/National Education Associations



Please return this form to: UEA Membership, 875 E 5180 S, Murray, UT 84107 (801) 266-4461

SOCIAL SECURITY NUMBER		LOCAL ASSOCIATION <input type="checkbox"/> Retired Lifetime <input type="checkbox"/> Retired	
LEGAL NAME (FIRST, MIDDLE, LAST)		SCHOOL/WORK LOCATION N/A	
PREFERRED NAME / NICKNAME		PREVIOUS MEMBER TRANSFERRED FROM N/A	
ADDRESS		HOME PHONE (Including Area Code)	
ADDRESS (Continued)		WORK E-MAIL ADDRESS N/A	
CITY		HOME E-MAIL ADDRESS	
STATE	ZIP CODE	DATE OF BIRTH (MMDDYY)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
REGISTERED VOTER <input type="checkbox"/> YES <input type="checkbox"/> NO		POLITICAL PARTY <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> No Party	
ETHNIC GROUP (Optional)* <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other <input type="checkbox"/> Unknown			

<input type="checkbox"/> RETIRED LIFETIME	
Total Member Dues	\$ 200.00
Children at Risk Foundation**	\$
TOTAL DUES	\$

<input type="checkbox"/> RETIRED ANNUAL	
Total Member Dues	\$ 40.00
Children at Risk Foundation**	\$
TOTAL DUES	\$

By signing this application I understand and agree: (1) membership is annual beginning September 1; (2) membership is for an entire year and automatically renews annually thereafter; (3) membership dues may change from year to year; and (4) if I wish to discontinue my membership, I must do so in writing to the Utah Education Association prior to September 15 of any year and it will be effective the following September 1.

- Check/Cash/Payment in Full.
 Credit Card Visa/MasterCard Only

Type of Credit Card you will be using: Circle one Visa/MasterCard

Name as it appears on Credit Card _____
 Credit Card Number _____ Expiration Date _____ CVV# _____
 Credit Card Billing Address _____ City _____ State _____ Zip _____
 Card Holders Signature _____

MEMBER'S SIGNATURE	DATE
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*Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, UEA or any of their affiliates. This information will be kept confidential.

****CHILDREN AT RISK FOUNDATION (CARF)**

A voluntary contribution to the Children at Risk Foundation of \$1.00 is suggested. CARF is a non-profit foundation for the benefit of children at risk for failure in school. The Foundation creates partnerships whose aim is to improve education, health, and opportunities of at-risk students. CARF provides scholarships to students who show courage and determination to graduate in the face of tragedy and personal challenges. The Foundation seeks good students and adults who have demonstrated experience and dedication to serving disadvantaged and minority communities, and other programs.