Together. A Stronger Voice

aea ARKANSAS EDUCATION ASSOCIATION

nea NATIONAL EDUCATION ASSOCIATION

AEA ALLY MEMBERSHIP

Membership Year: 26-27

NEA's 3 million members are united every day to guarantee a great public education for every student. Join us!

☐ **MEMBERSHIP COMMITMENT: YES!**

I want to join and become an Allied member of the Arkansas Education Association (AEA). I hereby request and voluntarily accept membership in this association and agree to abide by the Constitution and Bylaws.

☐ **ANNUAL PAYMENT AUTHORIZATION: YES!**

I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the association in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the association. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by this association, through the payment method selected below, unless I revoke this authorization in a signed writing sent to AEA Membership, 1500 West Fourth Street, Little Rock, AR 72201-106 4 or via email to rpipkins@aeanea.org.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

SIGNATURE: _____ **DATE:** _____

Dues payments are not deductible as charitable contributions for federal income tax purposes.

PLEASE PRINT LEGIBLY

First Name: _____ **M.I.:** _____ **Last Name:** _____

Birthdate: _____ **Personal Email:** _____

Address: _____ **Apt #:** _____ **City:** _____ **State/ZIP:** _____

Cell Phone*: _____

**By providing my cell phone number, I understand that the National Education Association, NEA Member Benefits, NEA360, Arkansas Education Association, and my local affiliate may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. These entities will never charge for text message alerts. Carrier messages and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages. Text HELP to 84693 or go to nea.org/terms for more information.*

Bank Account (EFT) or Credit/Debit Card Authorization

I agree to pay annual dues in a one-time payment I have authorized through the selected method below:

AEA ALLY MEMBERSHIP

☐ AUTOMATIC BANK DRAFT

☐ CREDIT/DEBIT CARD

AUTOMATIC BANK DRAFT

Account Type: ☐ *Checking* ☐ *Savings*

Name on Account: Address:

City: State/ZIP: Name of Bank:

9-Digit Bank Routing Number: Account Number:

CREDIT/DEBIT CARD

Name on Account:

Billing Address: City: State/ZIP:

Card Number: Exp. (M/Y): / CVV:

I authorize the Arkansas Education Association to charge my credit/debit card or checking/savings account, as provided above, for annual dues. I further authorize the payment to be for the initial membership year ending August 31 and recurring annually thereafter.

I understand that if the governing bodies of the Arkansas Education Association change the amount of annual dues, the Arkansas Education Association will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. Following that notice, I authorize the Arkansas Education Association to adjust the amount to be charged or debited by adjusting my payment.

I understand that this authorization continues year-to- year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to via email to rpipkins@aeanea.org or to our office via AEA Membership, 1500 West Fourth Street, Little Rock, AR, 72201-1064, and include my name and address. I understand that termination of this authorization will take effect 7 business days after receipt by the Arkansas Education Association.

ANNUAL AEA DUES	
Total Annual Amount	*$15.00*

SIGNATURE: DATE: