

JOIN the Harrison Association for Education

Please enroll me as a member of Harrison Association for Education Employees (PPEA/CEA/NEA). I agree to the terms on the bottom of this form.

 First Name M.I. Last Name

 Mailing Address City State Zip Code

 Cell Phone Personal Email

 School Phone (optional) School Email

 School/Work Site Name(s) Job Title/Subject Taught

 Last 4 Digits of SSN Date of Birth Today's Date Signature

Please email form to mbarrett@coloradoea.org for processing.

OPTIONAL:

<input type="checkbox"/> First-Year Educator?	<input type="checkbox"/>	<input type="checkbox"/> U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/> Gender:	<input type="checkbox"/>
<input type="checkbox"/> Registered Voter?	<input type="checkbox"/>			<input type="checkbox"/> Ethnicity:	<input type="checkbox"/>

PLEASE SELECT PAYMENT METHOD AND CLASSIFICATION:

Payment Method: Payroll Deduction OR EFT Deduction

FT Certified Employee \$68.25

PT Certified Employee \$35.08

FT First Year Certified Employee \$54.50

PT First Year Certified Employee \$28.21

EFT Deduction

Bank Name
Bank Routing Number
Bank Account Number

____ (Initial) By providing my phone number, I understand that the Pikes Peak Education Association and its affiliates may use automated calling techniques, prerecorded calls, and /or may text me on my phone on a periodic basis. The PPEA and its affiliates will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Agreement and Authorization to Deduct Dues

I understand my membership in the Association will be effective from the date I sign this agreement. Further, I understand that the membership year is from September 1 through August 31st each calendar year.

I hereby request and authorize Harrison School District or CEA to deduct from my salary or account the annual dues of the Association in the amount certified by the Association. My monthly payroll deduction or EFT will be as indicated above. In accordance with the Association bylaws, membership dues may be changed on an annual basis and notice shall be provided by August of each year indicating such change. This agreement shall remain in full force and effect unless revoked by me in writing by September 15th of any calendar year after the date designated above. By revoking my membership, I agree that any unpaid balance will be withheld from my final paycheck for the year in which membership is terminated. I waive all rights and claims for said monies so deducted and release the Association and the school district from any liability resulting from their reliance upon this agreement.

