

JOIN Woodland Park Education Association - ESP

Please enroll me as a member of Woodland Park Education Association - ESP (PPEA/CEA/NEA). I agree to the terms on the bottom of this form.

First Name	M.I.	Last Name
Mailing Address	City	State
Cell Phone	Personal Email	
School Phone (optional)	School Email	
School / Work Site Name(s)	Job Title	
Last 4 Digits of SSN	Date of Birth	Today's Date
		Signature

Email form to mbarrett@coloradoea.org for processing.

OPTIONAL:

First-Year Educator? <input type="checkbox"/> Y <input type="checkbox"/> N	U.S. Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Gender: <input style="width: 100%;" type="text"/>
Registered Voter? <input type="checkbox"/> Y <input type="checkbox"/> N		Ethnicity: <input style="width: 100%;" type="text"/>

PLEASE SELECT PAYMENT METHOD AND CLASSIFICATION:

Payment Method: Payroll Deduction **OR** EFT Deduction

<input type="checkbox"/> FT Classified Employee	\$32.50
<input type="checkbox"/> FT First Year Classified Employee	\$27.92

<input type="checkbox"/> PT Classified Employee	\$17.23
<input type="checkbox"/> PT First Year Classified Employee	\$14.94

<input type="checkbox"/> EFT Deduction	<small>Bank Name</small>
<small>Bank Routing Number</small>	
<small>Bank Account Number</small>	

_____ (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 Woodland Park School District and/or CEA to deduct from my salary or account the annual dues of the Association in the manner approved by the Board of Education and in the amount as 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.

