

Together we are creating a future shaped by our members, worthy of our students and essential to the nation.

OHIO EDUCATION ASSOCIATION

225 East Broad Street • Columbus, Ohio 43216

Phone: (614) 228-4526 or 1-844-632-4636

Email: membership@ohea.org

Enroll online at: www.ohea.org/why_belong



PERSONAL INFORMATION

LAST 4 DIGITS SOC. SEC. NO.

CHECK BOX IF YOU ARE EMPLOYED HALF TIME OR LESS CHECK BOX IF YOU ARE EMPLOYED QUARTER TIME OR LESS

FIRST - MIDDLE INITIAL - LAST (JR, SR, ETC.)

NAME

ADDRESS

CITY STATE ZIP

NON-WORK E-MAIL ADDRESS - THIS EMAIL ADDRESS IS USED FOR ALL MEMBERSHIP CORRESPONDENCE

PRIMARY CONTACT NUMBER * CELL PHONE NUMBER

*By providing my cell phone number, I understand that the National Education Association and its affiliates including, OEA, the Local Association, NEA Member Benefits, and NEA 360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, OEA, NEA360, NEA Member Benefits or my Local Association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

*ETHNICITY CODES

<input type="checkbox"/> Native American/Alaska Native	01
<input type="checkbox"/> African-American/Black	03
<input type="checkbox"/> Hispanic	04
<input type="checkbox"/> White (not Hispanic origin)	05
<input type="checkbox"/> Asian	06
<input type="checkbox"/> Native Hawaiian/Pacific Islander	07
<input type="checkbox"/> Multi-Ethnic	08
<input type="checkbox"/> Other	09
<input type="checkbox"/> Unknown	UK

*GENDER

<input type="checkbox"/> Female	F
<input type="checkbox"/> Male	M
<input type="checkbox"/> Transgender Female	TF
<input type="checkbox"/> Transgender Male	TM
<input type="checkbox"/> Gender Expansive/Non-Conforming	GE
<input type="checkbox"/> not listed	UK

DATE OF BIRTH

MO.	DAY	YR.
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Ethnic minority and Gender information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, OEA or any of their affiliates. This information will be kept confidential.

SEE CODES ON BACK OF FORM

POSITION	PRIMARY SUBJECT TAUGHT	MASTER TEACHER YES NO	NBCT YES NO	FIRST TIME MEMBER? YES NO
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction. Lobby expenses paid or incurred as part of membership dues cannot be deducted from your income taxes. The amount of the OEA membership dues attributable to lobby expenses and actual deductible dues dollars will be reported annually online and in the February issue of Ohio Schools Magazine for all levels of membership.

COLLECTOR'S SIGNATURE _____ DATE _____

999 4142-2024

OEA COPY

Great Public Schools for Every Student!

**Membership Enrollment Form
2023 - 2024**

DAYTON E A - 95710310

LOCAL NAME / USER LOCAL ID

WORK LOCATION NAME / USER WORK LOCATION ID

ASSOCIATION	UNIFIED CODE	ANNUAL DUES
Unified Education Profession Dues (Local, UniServ, District, OEA and NEA)	AC-1-100	\$958.00
Do you wish to be a member of another affiliated or associated organization? If so, indicate below the organization code(s) and annual dues amount (see back of form)		
Organization Code:	Fund ID:	
Organization Code:	Fund ID:	
Organization Code:	Fund ID:	
Organization Code:	Fund ID:	
		TOTAL ANNUAL DUES

I understand that this agreement is voluntary and is not a condition of employment and that I have the legal right to refuse to sign this agreement without suffering any reprisal.

MEMBERSHIP ENROLLMENT AND COMMITMENT (Signature Required)

YES, I wish to become a member of the Local Association, Ohio Education Association, District and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all four associations.

X _____ / /
UNIFIED MEMBER'S SIGNATURE (REQUIRED OF ALL MEMBERS) DATE

DUES DEDUCTION AUTHORIZATION (Signature Required)

YES, I hereby authorize by method of payment below the payment of the total annual dues, fees and assessments of the organizations indicated herein 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 associations. If payment is by payroll deduction I also authorize and direct my employer to deduct said amounts from my earnings, consistent with the method of payment authorized (Annual or Continuing) and local policy. By choosing continuing payroll deduction I authorize the continuous deduction of said amounts from year to year hereafter without further authorization by me in the amounts to be certified to my employer from time to time. In the event my employment is voluntarily or involuntarily terminated, or I take an unpaid leave of absence, I agree the unpaid balance of the annual dues obligation not deducted during the year will be due the organizations. The payment of the membership dues obligation is accepted unless I revoke this authorization in a written revocation signed by me and delivered to OEA via U.S. Mail or email at the addresses listed on this form to be received during the period of August 1 and August 31 of the membership year immediately preceding the membership year in which the authorization is to be cancelled. **In the event I wish to revoke my authorization of membership outside of the period stated above, I agree to pay the OEA as collection agent for the dues amount indicated herein by continuing payroll deduction or other arrangement, the remainder of the amounts for the membership year regardless of my membership status.**

METHOD OF PAYMENT (CHECK ONE BELOW)

- AUTHORIZED BY CONTINUING PAYROLL DEDUCTION
- AUTHORIZED BY STANDARD ANNUAL PAYROLL DEDUCTION
- CASH OR CHECK (CHECK # _____)

X _____ / /
SIGNATURE REQUIRED DATE

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