

Colorado Springs Education Association Enrollment and Dues Authorization

Membership Commitment: I want to join my fellow employees and become a member of the Colorado Springs Education Association, the Colorado Education Association, 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 three associations.

First Name Middle Name or Initial Last Name

Mailing Address City State Zip Code

Cell Phone Personal Email Address

District Email Address District ID#

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

Last 4 Digits of SSN Date of Birth Today's Date Signature - Your typed name will serve as your electronic signature.

_____(Initial) By providing my phone number, I understand that the Colorado Springs 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 CSEA and its affiliates will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

First-Year Educator?

U.S. Citizen?

Registered Voter?

Gender:

Political Party:

Ethnicity:

Select appropriate employment type below:

FT Certified Employee PT Certified Employee
(Part time is defined as working .50 or less)

Email form to csea@coloradoea.org for processing.

Annual Payment Authorization: I further agree to pay the annual (September 1 - August 31) dues, fees and assessments required for membership in the three associations and to continue to do so each membership year unless I cancel as set forth below. The annual dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies for the associations. I agree to pay on a continuing basis, by payroll deduction and regardless of my membership status, the modified annual dues, fees, and assessments established by the governing bodies of the three associations, unless I provide written notification to the Colorado Springs Education Association. The window in which a membership can be revoked is between August 1 of the immediately preceding membership year through September 10 of the membership year to be cancelled.

Payment Authorization: I hereby request and authorize School District No. 11, El Paso County, Colorado Springs, Colorado, to deduct from my earnings and transmit to the Colorado Springs Education Association an amount sufficient to provide for payment of the annual dues of CSEA and its state and national affiliates, as certified by CSEA, over the remainder of the present contract year and for the following school years. I understand that the District will discontinue such deductions for any school year only if I notify the District to do so through the Colorado Springs Education Association not later than September 10 of that school year. I understand that if I terminate my membership in the Association, this deduction authorization shall continue in effect unless revoked by me in accordance with the above procedure. Further, I understand that I may halt payroll deduction effective during the school year but will have the balance of the dues owed deducted from my last paycheck if there is sufficient amount to do so after other deductions of legal priority have been made. I hereby waive all rights and claims for said monies so deducted and transmitted in accordance with this authorization and the Master Agreement between the Colorado Springs Education Association and the Board of Education, and I relieve the Board and its officers and employees of all liability resulting from the Board's compliance with this request. (Should any portion of the above wording conflict with the Master Agreement, the Master Agreement shall control.)

