

Colorado Springs Education Support Personnel Association Enrollment and Dues Authorization

Membership Commitment: I want to join my fellow employees and become a member of the Colorado Springs Education Support Personnel 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
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 <small>- Your typed name will serve as your electronic signature.</small>		

_____(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:

<input type="checkbox"/> FT Classified Employee	<input type="checkbox"/> PT Classified Employee <small>(Part time is defined as working .50 or less)</small>
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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 Support Personnel Association by September 10 of the membership year.

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 CSESPA and its state and national affiliates, as certified by CSESPA, 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 Support Personnel 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 I relieve the Board and its officers and employees of all liability resulting from the Board's compliance with this request.

