



NAME <b>JANE DOE</b> FIRST MIDDLE INITIAL LAST TITLE/SUFFIX			POST OFFICE BOX NUMBER _____ APARTMENT NUMBER _____		
LEGAL STREET ADDRESS <b>123 MAIN STREET</b>			CITY & STATE <b>PALATINE IL</b> ZIP <b>60067</b>		
HOME PHONE <b>847 555-9555</b> WORK PHONE _____			SOCIAL SECURITY NUMBER <b>123 12 1234</b>		
DATE OF BIRTH _____ MONTH DAY YEAR			POLITICAL PARTY <input type="checkbox"/> DEM. <input type="checkbox"/> REP. <input type="checkbox"/> OTHER		
PAYMENT METHOD <input type="checkbox"/> CASH <input checked="" type="checkbox"/> PAYROLL DEDUCTION			REGISTERED VOTER <input type="checkbox"/> YES <input type="checkbox"/> NO		
E-MAIL ADDRESS <b>Jane@net.com</b>			ETHNICITY (3) <input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Native Hawaiian/Pacific Islander (7) <input type="checkbox"/> Black (3) <input type="checkbox"/> Multi-Ethnic (8) <input type="checkbox"/> Hispanic (4) <input type="checkbox"/> Other (9) <input type="checkbox"/> Asian (6) <input type="checkbox"/> Unknown (UK) <input type="checkbox"/> Caucasian (5) (not of Spanish Origin)		
(*) TO ENTER CODE—SEE BACK OF GOLD FORM					
ASSOCIATION	MEMBERSHIP TYPE ENTER CODE(*)	DUES/ CONTRIBUTIONS			
NEA DUES	<b>AC-</b>	<b>48.25</b>			
IEA-NEA DUES (1)	<b>1-25</b>	<b>120.00</b>			
NEA FCPE (2) \$10 Suggested					
LOCAL DUES		<b>15.00</b>			
<b>TOTAL</b>		<b>183.25</b>			
FOR LOCAL ASSOCIATION USE ONLY					
WORK BUILDING NAME		WORK BUILDING ID #		LOCAL NAME	
EMPLOYER NAME		EMPLOYER ID #		AGENCY FEE CHANGING TO MEMBER	BILLABLE PARTY ID #

(1) **IPACE STATEMENT** Contributions to IPACE of \$20.00 may be used to support candidates for local or state office. These contributions are voluntary and not required as a condition of membership in any organization. A refund of this amount may be obtained if written notification is given by the member to his/her regional UniServ office to be processed through IPACE, 100 E. Edwards St., Springfield, Illinois 62704-1999, prior to December 31st of the current school year. IPACE refund request forms can be obtained from the Government Relations Department at the Illinois Education Association-NEA.

(2) **NEA FCPE STATEMENT** The National Education Association Fund for Children and Public Education (NEA FCPE) collects voluntary contributions from Association members and uses those contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of education who are candidates for federal office. Contributions to NEA FCPE are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although NEA FCPE requests an annual contribution of \$10.00, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without affecting his or her membership status, rights or benefits in NEA or any of its affiliates. Federal law requires NEA FCPE to use its best efforts to collect and report the name, mailing address, occupation and name of the employer for each individual whose NEA FCPE contributions aggregate in excess of \$200.00 in a calendar year. Federal law prohibits NEA FCPE from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

(3) **ETHNIC STATEMENT** This information is optional and a failure to answer it will in no way affect your membership status, rights, or benefits in NEA, IEA-NEA, or any of their affiliates. The information will be kept confidential.

**MEMBERSHIP STATEMENT** "I hereby agree that my unified membership in IEA-NEA and local Association shall be continuous unless I notify the President of my local Association or the President of the Illinois Education Association-NEA, in writing, between July 15 and September 15 in any calendar year."

I hereby authorize the Board of Education to deduct from my salary my professional dues and voluntary contribution to IPACE, as these sums are established or suggested annually to the local NEA affiliated education association, and my voluntary contribution to NEA FCPE, as indicated above, and to forward such amounts to that local association. This authorization is to continue in force unless revoked by me for a succeeding membership year by giving written notice to that effect to my local association on or before September 15. I understand that if my employment is terminated prior to the deduction of the amounts authorized herein, the unpaid portion of dues and IPACE and NEA FCPE contributions will be deducted from my final check.

*"Dues payments and contributions or gifts to NEA FCPE and IPACE are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a miscellaneous itemized deduction."*

Jane Doe MEMBER SIGNATURE      1/1/2010 DATE      \_\_\_\_\_ ASSOCIATION REPRESENTATIVE

Revised June 2008

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