## ARIZONA EDUCATION ASSOCIATION EARLY ENROLLMENT FORM CHANDLER EA



Name:					Association	
Address:		SSN (last 4 only):		xxx-xx-		
Apt #:		Work Location:  Gender:  Ethnicity:				
City State Zip:						
Home Phone:	-					
Mobile Phone:		Birth Date:				
Home Email:	-	Registered Voter?				
Work Email:		_	□ Rep	ublican 🗆 Inc	dependent 🗆 None 🗆	
Certified □ Full Time □ Part Ti	me □ # Hours Per Week:_	, -		2017-18		
		Certified Amount* D	# of eductions	Certified Amount*		
PAYROLL DEDUCTION		TBD	20	\$29.95		
FOR THE COST OF ANY BENEFITS THAT WERE PROVIDED TO THE PROVIDE	acclude an EMO assessment in acching and Learning (Found is and those active members of A EIF. Since 1997, the AEA For its and grants for innovative embers who are U.S. citizens ne improvement of education AEA Fund and the AEA EIF arring any reprisal. Members dimbership postmarked or har the Refund Request Form.	the amount of \$12 for all a ation), \$4 for AEA Fund for working less than one-half tundation has supported teac classroom projects. The AEA or lawful permanent residen in Arizona and making expevoluntary and not a conditesiring a refund from EMO rend-delivered within thirty (3) etax purposes but may be and national level.	ctive men Public Edu ime shall ching and A Fund an ints for po penditures tion of em may reque 0) days of	bbers working one- ication (AEA Fund) have an EMO of \$6 learning in Arizona d the AEA EIF colle litical purposes, in to and on behalf ployment nor mer st a Refund Reque signing this enroll as a miscellaneous	-half time or more, which shall be b), and \$3 for the AEA Education c), distributed as follows: \$2.50 for AEA a through over \$950,000 in student ect voluntary contributions from icluding, but not limited to, supporting of friends of public education who are mbership in the Association, and members est Form by calling 800-352-5411. The iment form. The Arizona Education s itemized deduction, other than the 2	
Association (AEA), the local association, N my cellular phone on a periodic basis. The rates may apply to such alerts. Text STOP With full knowledge of the above, I agree to becom authorize payment of my membership dues as revis appropriate amount will be deducted per the sched are only available for matters that occur while I am	JEA Member Benefits, as e NEA, AEA, and local as to 787753 to stop rece e a member of the NEA/AEA ed annually in the payment rule adopted, unless I revoke	and NEA360 may use a ssociation will never c iving messages. Text H /LEA and to subscribe to its nethod selected. I understar this authorization in writing	utomate harge for IELP to 7 goals and nd my me s on or be	ed calling teching text message 87753 for mor objectives and to mbership will be a	niques and/or text message me or e alerts. Carrier message and data re information. abide by its Constitution and Bylaws. I utomatically renewed each year, and the	
Signature:				Date:		
Recruited By (please print name):						
					OFFICE USE ONLY	

Individual ID:

## SPECIAL OFFER!

for first-time members



Sign Up Now, Pay Later!

Belong to your professional association today!

First-time members can enroll and receive some benefits now for free, and pay later in the fall.

This offer is only good **April 1 - May 31, 2018**and requires payroll dues deduction.

## TIME IS LIMITED

For more information call AEA at (602) 264-1774 or (800) 352-5411.

AEA is keeping the promise of quality public education