



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		*GENDER		DATE OF BIRTH	
<input type="checkbox"/> Native American/Alaska Native	01	<input type="checkbox"/> Female	F	MO.	DAY
<input type="checkbox"/> African-American/Black	03	<input type="checkbox"/> Male	M		YR.
<input type="checkbox"/> Hispanic	04	<input type="checkbox"/> Transgender Female	TF	<input type="text"/>	
<input type="checkbox"/> White (not Hispanic origin)	05	<input type="checkbox"/> Transgender Male	TM		
<input type="checkbox"/> Asian	06	<input type="checkbox"/> Gender Expansive/Non-Conforming	GE	<input type="text"/>	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	07	<input type="checkbox"/> not listed	UK		
<input type="checkbox"/> Multi-Ethnic	08				
<input type="checkbox"/> Other	09				
<input type="checkbox"/> Unknown	UK				

***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	NBCT	FIRST TIME MEMBER?
<input type="text"/>	<input type="text"/>	YES NO	YES NO	YES NO
<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

**Membership Enrollment Form
2023 - 2024**

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)		
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

The following information is represented in the form of codes. Please select the appropriate code and write it in the space provided on the front of this form.

POSITIONS			
PK-12		HIGHER EDUCATION	EDUCATIONAL SUPPORT (ESP)
Adult Educator	ADED	*Administrator	ADMN
Classroom Teacher	CLTR	Administrator (Non-Eval)	ACAD
Coach (Activity/Sport)	COCH	Assistant Professor	ATPR
Counselor	CNSL	Associate Professor	ACPR
Health/Student Services	HLTH	Counselor	COUN
Instructional Specialist/Tutor	INSP	Instructor	INST
Librarian/Media Specialist	LIBR	Lecturer	LECT
Nurse	RGNU	Professor	PROF
Occupational Therapist	OCCT	ROTC	ROTC
Physical Therapist	PHTH	Other	OTHR
Psychologist	PSYC		
Reading Specialist	READ		
ROTC	ROTC		
Intervention Specialist/Special Education	SDSP	*Directly hires, evaluates, transfers, disciplines or dismisses.	
Speech/Hearing	SHTH		
Other	OTHR		

PRIMARY SUBJECT TAUGHT			
PK-12		HIGHER EDUCATION	EDUCATIONAL SUPPORT (ESP)
Adult Education	ADED	Agriculture	AGRI
Agric & Natrl Resources	AGNR	Architecture	ARCH
Arts	ARTS	Arts	ARTS
Basic Education Curriculum	BEDC	Basic Skills/Remedial Education	BSRE
Business Education	BSED	Business	BUSN
Career and Technical Education	INAR	Communications	COMM
Civics/Govern/Poli Sci	CGPS	Computer and Info Sciences	CISC
Computer & Info Science	CICS	Education	EDUC
Early Childhood	ECDE	Engineering	ENGR
Elementary Curriculum	ELED	English and Literature	ENLL
English as a Second Lang	ENSL	Foreign Language	FLLI
English/Language Arts	ELAR	Geography	GEOG
Family and Consumer Science	FCSC	History	HIST
Foreign Language	FLLI	Home Economics	HOME
Geography	GEOG	Industrial Arts	INAR
Health	HLED	Journalism	JOUR
History	HIST	Marketing	MARK
Marketing	MARK	Mathematics	MATH
Mathematics	MATH	Medical Science	MEDS
Middle School Curriculum	GMDC	Political Science	POLS
Music	MUSI	Psychology	PSYC
Physical Education	PHED	ROTC	ROTC
Psychology	PSYC	Science	PHSC
Reading	READ	Social Sciences	SOSC
Science	PHSC	Special Education	SDED
Social Studies	SSSS	Vocational Training	VOCT
Special Education	SDED	No Subject Taught	NONE
Hearing Impaired	SHIM	Other	OTHR
Visually Impaired	VIIM		
Vocational & Technical Education	VTED		
No Subject Taught	NONE		
Other	OTHR		

UNIFIED CODES	
Active Educator FT	AC-1-100
Active ESP FT	AC-2-100

MASTER TEACHER	
Yes	
No	

NBCT	
National Board Certified Teacher?	
Yes	
No	

AFFILIATED DEPARTMENTS ANNUAL DUES (Requires OEA membership if eligible)			
	Code	Fund ID	Dues
Ohio Assn. of Education Support Professionals	OAESP	F24	\$5.00
Ohio Assn. of Special Needs Professionals	OASNP	F01	\$10.00
ASSOCIATE ORGANIZATIONS ANNUAL DUES			
Ohio Art Education Association	OAEA	F02	\$50.00
Ohio School Counselors Association	OSCA	F04	\$60.00
Ohio Council Tchrs. of English Lang. Arts	OCTELA	F06	\$40.00
Ohio Assn. Hlth., Phys. Ed., Rec. & Dance	OAHPERD	F07	\$50.00
Ohio Tech. & Eng. Ed. Assn. K-12 STEM	OTEEA	F08	\$35.00
Ohio Council of Teachers of Mathematics	OCTM	F09	\$25.00
Doris L Allen Minority Caucus	DLAMC	F10	\$15.00
Ohio Foreign Language Assn.	OFLA	F11	\$55.00
Science Education Council of Ohio	SECO	F13	\$30.00
Ohio Council for the Social Studies	OCSS	F14	\$30.00
OEA Women's Caucus	OEAWC	F16	\$15.00
Ohio Middle Level Association	OMLA	F23	\$30.00
OEA Gay Lesbian Bisexual & Transgender Caucus	GLBTC	F25	\$10.00
Ohio Association for Supervision and Curriculum Development	OASCD	F26	\$30.00
Ohio Educational Library Media Association	OELMA	F27	\$65.00
OEA Hispanic Caucus	OEAHSC	F29	\$10.00