2024-2025 MEMBERSHIP FORM

OEA ID#_____

(For Office Use Only) PM → AC ☐

(Field Use Only)	
☐ 1-on-1	☐ Group

1 YOUR INFORMATION

PLEASE PRINT

EMPLOYER				**CERTIFIED** ☐	**CLASSIFIED** ☐
LOCAL/CHAPTER				**JOB TITLE:**	
WORKSITE					
PERSONAL INFO	Last:	First:	Asserted Name:		Middle:
	Date of Birth:	Last 4 SS #:	Year Entered Profession:		
	Self-Reported Ethnicity:	Alaska Native/American Indian ☐	Asian ☐	Black ☐	Native Hawaiian/Pacific Islander ☐
		Latinx ☐	Multiracial ☐	White ☐	Other ☐	Prefer not to answer ☐
CONTACT INFO	Mailing Address:				
	City:	State:	Zip:		
	☐ Okay to text me[1]	Cell Phone:	Home Phone:		
	Non-Work Email[2]:				

[1]By checking this box, I understand that the National Education Association and its affiliates including the Oregon Education Association, the local Association, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Oregon Education Association and the local Association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. [2]Member email addresses are stored in a database shared by the National Education Association, OEA, and local affiliates. Email lists are not sold, leased, or rented to any other organizations.

2 VERIFY (Both boxes must be checked in order to confirm membership and dues authorization.)

Membership Commitment: ☐ **YES** I want to join with my fellow employees and become a member of the local association, the Oregon 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.

Annual Payment Authorization ☐ **YES** I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the three associations 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. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction unless I revoke this authorization in a signed writing sent to the President of the Oregon Education Association (6900 SW Atlanta St. Portland, OR 97223) via U.S. mail, between September 1 and September 30 of the membership year for which the authorization is to be cancelled.

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.

3 SIGN & DATE

_____ Signature

_____ Date

☐ **Paper Mail Opt-Out** – In order to reduce my carbon footprint, I would like to opt out of receiving paper mail from Oregon Education Association. *Please note, OEA cannot guarantee that members will not receive mail from their local association or from the National Education Association.*

4 FURTHER YOUR IMPACT
Make a Voluntary Donation

[3]Oregon Education Association Political Action Committee (OEA-PAC) collects voluntary contributions from members to support recommended candidates in state elections. NEA Fund collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to The NEA Fund. Federal law prohibits The NEA Fund from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. Contributions or gifts to OEA-PAC and The NEA Fund are not deductible as charitable contributions for federal income tax purposes. Contributions will be deducted for the current membership year and for each membership year thereafter in accordance with the payroll deduction procedure.

[4]Per dues deduction month equals the number of monthly payroll dues deductions in your local association contract.

I'm contributing to OEA-PAC and the NEA Fund (political tax credit): Per Dues Deduction Month[4]	
☐	**$20** to OEA PAC and **$2** to NEA Fund per dues deduction month
☐	**$20** to OEA PAC and **$0** to NEA Fund per dues deduction month
☐	**$10** to OEA PAC and **$1** to NEA Fund per dues deduction month
☐	**$10** to OEA PAC and **$0** to NEA Fund per dues deduction month
☐	**$__(min. $5)** to OEA PAC and **$__ (min $1)** to NEA Fund per dues deduction month
☐	**$10** to Local PAC (Beaverton EA, Eugene EA, Portland AT) per dues deduction month
☐	**$__ (min $5)** Local PAC (Beaverton EA, Eugene EA, Portland AT) per dues deduction month
I'm contributing to the OEA Foundation (tax deductible):	
☐	**$2** per dues deduction month
☐	**$1** per dues deduction month
☐	**$__(min $1)** per dues deduction month

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ADDITIONAL INFO

1. **I am:**
   - ☐ Already a member
   - ☐ Joining the Association today
   - ☐ Transferring from another district
   - ☐ Interested in receiving more information about membership

2. **Our Association provides resources and support to educators to ensure your success with students. What tools/trainings would you like to hear more about?**
   - ☐ Classroom management (e.g. student behavior)
   - ☐ Lesson planning
   - ☐ Working with mentors/coaches
   - ☐ Working with families
   - ☐ Collaborating with administrators and colleagues
   - ☐ Unpacking professional expectations (e.g. evaluations, observations)

3. **Our Association works to ensure that schools provide our students with the opportunities to be successful. Which issues are most important to you?**
   - ☐ Social and racial justice
   - ☐ Meeting the needs of students in poverty
   - ☐ Family and community engagement
   - ☐ Fully funded schools
   - ☐ Education policy – contributing to critical decisions affecting my school/students
   - ☐ Political advocacy – supporting education policies to ensure that all students have the opportunity to succeed

4. **Our Association advocates for conditions that retain high-quality educators for students. Which of these are you most interested in learning about?**
   - ☐ Salary
   - ☐ Educator rights and responsibilities
   - ☐ Health care benefits
   - ☐ Pensions and retirement security
   - ☐ Student debt and/or finances
   - ☐ Stretching your paycheck
   - ☐ Working conditions