

# 2018-19 Individual Contact Sheet



## UNION REPRESENTATIVE INSTRUCTIONS

**PLEASE RETURN BY: [September 12, 2018]**

Please give this form to the staff member indicated. If the staff member is no longer at this worksite, indicate the reason below\*. Return this form once it is signed or one of the options below is selected.

**\*IF THE MEMBER IS NO LONGER AT THE WORKSITE, PLEASE CHECK IF:**

- Left District / Community College   
  Retired   
  On Leave of Absence  
 Transferred - where? \_\_\_\_\_   
  Unknown

OEA ID Number
Local Association Name
Work Location Name
Name, Last First

## 1 PERSONAL INFORMATION

Please Note Changes Directly on the Form

<b>NAME</b>					
<b>CONTACT INFO</b>	<input type="radio"/> Okay to text me <sup>1</sup>	Home Phone:		Cell Phone:	
	Home Email <sup>2</sup> :				
<b>POSITION</b>			<b>SUBJECT</b>		<b>FTE</b>
<b>ETHNICITY</b>	<i>If blank or incorrect, please choose one of the following:</i>		<input type="radio"/> American Indian/ Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black	<input type="radio"/> Caucasian (not Hispanic) <input type="radio"/> Hispanic <input type="radio"/> Middle Eastern Descent <input type="radio"/> Multi-Ethnic	<input type="radio"/> Native Hawaiian/ Pacific Islander <input type="radio"/> Other <input type="radio"/> Decline to Answer

## 2 MEMBERSHIP STATUS

You are currently an Active Member	<input type="checkbox"/>
I am Joining the Association Today	<input type="checkbox"/>

## 3

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing (if you are already a current member), or by checking this box and signing (if you are currently a non-member), I am confirming my active membership in my local association, the Oregon Education Association ("OEA"), and the National Education Association, and my agreement to abide by the Constitution and Bylaws of all three associations. I agree to pay the standard, annual (Sept. 1 – Aug. 31) dues, fees, and assessments required for membership in the three associations and to continue to do so annually unless canceled 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 of the associations and I agree to pay on a continuing basis, 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 OEA between September 1 and September 30 of the membership year immediately preceding the membership year in which the payments are to be cancelled. I further authorize my employer to deduct from my wages an amount equal to the regular annual dues uniformly applicable to members of my local union, OEA and NEA, and further authorize that such amounts so deducted and distributed during regularly scheduled pay periods be sent to the OEA for and on my behalf. If the employer fails to deduct, I will pay OEA directly. I understand that dues payments are not deductible as charitable contributions for federal income tax purposes.

<sup>1</sup> – 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.

<sup>2</sup> – 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.

**PLEASE RETURN THIS FORM TO YOUR UNION REPRESENTATIVE**