

Dear Pre-Retired Member,

We want you to be a member of NEA/AEA even after you retire! We are inviting you to pre-pay for your lifetime membership costs.

Pre-Retired Membership is open to any current active member of AEA regardless of his/her retirement date. This membership allows an individual to enroll in the NEA/AEA retirement program, prior to actual retirement, by paying lifetime membership costs within the calendar school year. NEA/AEA's Pre-Retired membership allows current active members to join the NEA/AEA-Retired program before they officially retire, ensuring a seamless transition and continued access to benefits.

- **Seamless Transition:** Pre-paying for NEA/AEA-Retired lifetime membership ensures a smooth transition into retirement, with no interruption in benefits.
- **Lifetime Membership:** Once you join NEA/AEA-Retired (either through pre-retirement or after retirement), you become a lifetime member.
- **Access to Benefits:** Pre-Retired members, like retired members, have access to NEA/AEA's member benefits, such as insurance, discounts, and engagement opportunities.
- **Save on Future Dues:** Pre-paying your NEA/AEA-Retired dues now means you won't pay them when you retire, even if there's a dues increase in the future.

**Important Note:**

Pre-Retired members must continue to pay annual NEA/AEA ACTIVE dues while they are teaching.

Stay connected to the NEA/AEA, keep your NEA/AEA benefits after retirement, and continue fighting for public education after retirement! Ensure your lifetime membership with us this school year!

In Solidarity

Team AEA

[www.aeaonline.org](http://www.aeaonline.org)

1500 W 4th St #200,

Little Rock, AR 72201

(501) 375-4611

Pre-Retirement (Life)	Membership Type for AEA & NEA: RT-9-7
NEA Dues	\$300
AEA Dues	\$200
Total	\$500
<b>To pay by check:</b> 1. Complete the Active Enrollment Form 2. Send the enrollment form and check to: AEA 1500 West 4th St. Little Rock, AR 72201	Onetime Payment of \$500.00
<b>To pay by monthly bank draft:</b> 1. Complete the Active enrollment form. 2. Complete the bank draft authorization form. 3. Send both forms and voided check to: AEA 1500 West 4th St. Little Rock, AR 72201	The total amount divided by the months remaining in the enrollment year will be deducted on or around the 20 <sup>th</sup> of each month.
<b>To pay by monthly credit card charge:</b> 1. Complete the Active enrollment form. 2. Complete the credit card information form. 3. Send both forms to: AEA 1500 West 4th St. Little Rock, AR 72201	The total amount divided by the months remaining in the enrollment year will be deducted on or around the 20 <sup>th</sup> of each month.

## Join Our Union

Early Enrollment 25-26

NEA's 3 million members are united every day to guarantee a great public education for every student. Join us!

☐ **MEMBERSHIP COMMITMENT: YES!**

I want to join my fellow employees and become a member of the local association, the Arkansas Education Association (AEA), and the National Education Association (NEA). 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 the payment method selected below, unless I revoke this authorization in a signed writing sent to AEA Membership, 1500 West Fourth Street, Little Rock, AR 72201-1064.

**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.**

**SIGNATURE:**

**DATE:**

*Dues payments are not deductible as charitable contributions for federal income tax purposes.*

## PLEASE PRINT LEGIBLY

**First Name:**  **M.I.:**  **Last Name:**  **Last 4 Digits of SSN:**

**Birthdate:**  **Personal Email:**   
(required)

**Address:**  **Apt #:**  **City:**  **State/ZIP:**

**Cell Phone\*:**  **Employer/School District:**

**Local Association:**  **Building/Work Site:**

\*By providing my cell phone number, I understand that the National Education Association, NEA Member Benefits, NEA360, Arkansas Education Association, and my local affiliate may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages. Text HELP to 84693 or go to [nea.org/terms](http://nea.org/terms) for more information.

ASSOCIATION	MEMBERSHIP TYPE	CODE	ANNUAL AMOUNT
NEA	Professional FT <input type="checkbox"/>	AC-1-100	\$219.00
	ESP FT <input type="checkbox"/>	AC-2-100	\$131.50
	Substitute <input type="checkbox"/>	SB-0-0	\$15.00
	Other <input type="checkbox"/>	Other: <input type="text"/>	\$ <input type="text"/>
AEA	Professional FT <input type="checkbox"/>	AC-1-100	\$383.00
	ESP FT <input type="checkbox"/>	AC-2-100	\$312.50
	Substitute <input type="checkbox"/>	SB-0-0	\$25.00
	Other <input type="checkbox"/>	Other: <input type="text"/>	\$ <input type="text"/>
Local Dues			
<b>TOTAL:</b>			\$ <input type="text"/>

**SEE REVERSE FOR CODES** **Position:**  **Subject:**  **Political Preference:**

**AEA, NEA, and the local education association are unified. Membership is required in all organizations.**

**Method of Payment:** ☐ **AUTOMATIC MONTHLY BANK DRAFT** ☐ **AUTOMATIC MONTHLY CREDIT CHARGE** ☐ **CHECK**  
(must complete separate form: Bank Account (EFT) or Credit/Debit Card Authorization) (must complete separate credit/debit card authorization)

Race/Ethnicity:

- ☐ Native American/Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Multiracial
- ☐ Latin/o/a/x, Hispanic, or Chican/o/a/x
- ☐ White (not Hispanic)
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other

Gender: ☐ Female ☐ Male ☐ Gender Expansive/Non-Conforming

Tell us about your professional needs

1. What year did you enter the profession?

2. Your union provides training, support, and tools to ensure your professional success. What would you like to learn more about?

- ☐ Building relationships and meeting students' social-emotional needs
- ☐ Family and community engagement
- ☐ Technology
- ☐ Instructional and classroom strategies
- ☐ Health and safety
- ☐ Social justice and racial equity
- ☐ Reducing student debt
- ☐ Saving money with NEA Member Benefits

3. How would you like to participate in your union? (Mark all you are interested in)

- ☐ **Membership, Leadership, & Advocacy**  
Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role.
- ☐ **Collective Action**  
Helping get the word out about bargaining, meet & confer, or other workplace actions.
- ☐ **Leading Our Professions**  
Supporting members to grow in their professional practices.
- ☐ **Political Activism**  
Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.
- ☐ **School Funding & Education Policy**  
Working to increase education funding at my school, district, and state.
- ☐ **Thinking About It...**  
I'm not ready to volunteer right now, but I'm looking forward to staying informed.

Upon enrollment each active professional and educational support professional member is automatically covered by American Fidelity for \$1,000 - \$5,000 AD&D plus \$1,000 to \$150,000 NEA Complimentary Life Insurance. Register your beneficiary for the NEA Complimentary Life Insurance at [www.neamb.com/teachers-insurance](http://www.neamb.com/teachers-insurance) or by calling 1-800-637-4636.

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

POSITION CODES	
Administrator	ADMN
Adult Educator	ADED
Bookkeeper	BKPR
Bus Driver	BTVD
Bus Aide	TDOT
Classroom Teacher	CLTR
Coach	COCH
Counselor	CNSL
Building/Ground Maintenance/Repair	CUST
Food Services	FSOT
Health and Student Services	HCOT
Librarian	LIBR
Literacy Coach	LITC
Maintenance Personnel	BGOT
Math Coach	INSP
Mechanic	MECH
Occupational Therapist	OCCT
Paraeducator (Instructional/Non-Instructional)	PPOT
Principal/Assistant Principal	PRIN
Psychological Examiner	PSYO
Secretary	SEST
Security	GSPW
Speech Therapist	SHTH
Supervisor	SPRV

SUBJECT CODES	
Art	ARTS
Business Ed	BSED
Coaching	COCH
Computer Science	CICS
Elementary (General Subjects)	GSUB
English/Language Arts	ELAR
Family and Consumer Science	FCSC
Foreign Language	FLLI
Gifted & Talented	GTAL
Health and Physical Education	HEPE
Mathematics	MATH
Music	MUSI
Physical Sciences	PHSC
Reading	READ
Social Studies	SSSS
Special Education/Developmental Education	SDED
Speech and Drama	SPDR
Vocational Education	VTED

POLITICAL REFERENCE CODES	
Democrat	D
Republican	R
Independent	I

NEA MEMBERSHIP TYPES		
Active Professional FT	AC-1-100	\$219.00
Active Professional PT	AC-1-50	\$121.00
Active ESP FT	AC-2-100	\$131.50
Active ESP PT	AC-2-50	\$77.50
Pre-Retirement (Life)**	RT-9-7	\$300.00**
Reserve (formerly Active Professional)	RS-1-0	\$98.50
Reserve (formerly ESP)	RS-2-0	\$54.50
Substitute	SB-0-0	\$15.00
Community Ally	CA-0-0	\$25.00

AEA MEMBERSHIP TYPES		
Active Professional FT	AC-1-100	\$383.00
Active Professional PT	AC-1-50	\$191.50
Active ESP FT	AC-2-100	\$286.50
Active ESP PT	AC-2-50	\$155.00
Pre-Retirement (Life)**	RT-9-7	\$200.00
Substitute	SB-0-0	\$25.00
Allied	AS-0-0	\$15.00

Retired and Aspiring Educator memberships are submitted on separate forms. Contact the AEA office.

I hereby apply for unified membership in the AEA, NEA and LEA. I understand that of the total state dues \$1.00 is for an online subscription to the Arkansas Educator for one year. Membership is open only to those who agree to subscribe to the goals and objectives of the Association and to abide by its Constitution and Bylaws.

\*\*\*Ethnic and political information is optional and failure to provide it will in no way affect your membership status, rights or benefits in AEA, NEA or any of their affiliates. This information will be kept confidential.

# Bank Account (EFT) or Credit/Debit Card Authorization



I agree to pay annual dues and any PAC contribution I have authorized through:

- ☐ AUTOMATIC BANK DRAFT
- ☐ CREDIT/DEBIT CARD

## AUTOMATIC BANK DRAFT

Account Type: ☐ Checking ☐ Savings

Name on Account:  Address:

City:  State/ZIP:  Name of Bank:

9-Digit Bank Routing Number:  Account Number:

## CREDIT/DEBIT CARD

Name on Account:

Billing Address:  City:  State/ZIP:

Card Number:  Exp. (M/Y):  /  CVV:

I authorize the Arkansas Education Association or its designated local to charge my credit/debit card or checking/savings account, as provided above, for annual dues and for any authorized PAC contribution. I further authorize those payments to be made through the initial membership year ending August 31 and recurring annually thereafter, payable in monthly installments on or around the 20th day of each month, beginning in the amounts set forth below. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$1.00, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA, the Arkansas Education Association, and/or my local change the amount of annual dues, the Arkansas Education Association or local will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. Following that notice, I authorize the Arkansas Education Association or local to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to AEA Membership, 1500 West Fourth Street, Little Rock, AR, 72201-1064, and include my name, address, employer, and membership number. I understand that termination of this authorization will take effect 7 days after receipt by the Arkansas Education Association.

ANNUAL DUES (NEA, AEA)	
Total Annual Amount	\$ <input type="text"/>
Monthly Bank Draft Amount	\$ <input type="text"/>

➔ SIGNATURE:  DATE: