

**MEMBERSHIP, PAYROLL DEDUCTION & PAC AUTHORIZATION FORM**

Yes, I want to join with my fellow employees and become a member of the **local Association,** the **National Education Association Rhode Island (NEARI)**, 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. I fully understand that 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 authorize on a continuing basis, and regardless of my membership status, the payment of the modified dues, fees, and assessments established by the governing bodies of the three associations unless I revoke this authorization by signing and submitting the **Voluntary Termination of Membership Rights and Benefits** form to **NEARI, 99 Bald Hill Rd., Cranston, RI 02920**. Said form will be sent to me within two business days after I email notice of my desire to terminate my membership to: membersupport@neari.org.

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Signed Date

**ANNUAL DUES AND CONTRIBUTIONS INCLUDE**

NEA Membership Dues 🞄 NEARI Membership Dues 🞄 Local Dues *determined by each local* 🞄 NEARI PACE: $10.00**\*\***

\_\_\_\_\_\_(initial) I wish to make an annual voluntary contribution to NEA PAC in the amount of $\_\_\_\_\_\_.

($15.00 is the recommended contribution)

**\*\***I understand that my contribution of $10 to the **NEARI Political Action Committee for Education (RIPACE)**, of which 60 cents is designated to the RI AFL-CIO PAC, is voluntary and not a condition of membership; that the contribution will be used to support candidates for local and/or state office; that I have the right to refuse to contribute without any change in membership service or status; and that I may contribute more or less than the amount show. **I may request a refund of this contribution by writing an individual letter to NEARI by November 1.**

**DUES DEDUCTION CHECK-OFF AUTHORIZATION**

I authorize my employer to deduct from my pay in each pay period a pro rata portion of the annual dues, fees, and assessments which is required for membership in the local association, NEARI, and the NEA.

I fully understand that 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 authorize my employer to deduct any modified monthly dues, fees, and assessments established by the governing bodies of the three associations unless my obligation to do so ends under one of the circumstances set forth below.

This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization signing and submitting the **Voluntary Termination of Membership Rights and Benefits** form to **National Education Association Rhode Island, 99 Bald Hill Rd., Cranston, RI 02920**. Said form will be sent to me within two business days after I email notice of my desire to terminate my membership to: membersupport@neari.org. or (b) my employment with my employer ends.

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Signed Date

**CONTACT INFORMATION**

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| **First Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Middle Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Prefix:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Home Address 1:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Home Address 2:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Apt. Number:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **State:** |  |  |  | **ZIP Code:** |  |  |  |  |  | **-** |  |  |  |  |  |  |  |  |  |  |
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| **Primary Email:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Phone Number:** |  |  |  | **-** |  |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Cell Phone\*:** |  |  |  | **-** |  |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*\_\_\_\_\_\_\_\_\_\_\_(Initial) Consent to text or call.** By providing my phone number, I understand that the NEA and its affiliates including NEARI, my local association, NEA Member Benefits, and NEA360 may use automated calling techniques and /or text messaging to my cellular phone on a periodic basis. The NEA, NEARI, and my local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. |
| **Date of Birth:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date of Hire:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Worksite Location:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

NEA Rhode Island

401.463.9630 | 99 Bald Hill Rd. Cranston, RI 02920 | www.neari.org

**Internal Use Only**

Local Number:

Local Name:

Individual ID: