



MEMBERSHIP ENROLLMENT FORM - 2019

NEW YORK STATE UNITED TEACHERS
Affiliated with AFT • NEA • AFL-CIO



First Name	M.I.	Last Name	Suffix
Preferred Name	Gender	Date of Birth	
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Declined	/ /	
Address		Apt #	
City	State	ZIP	
Preferred Phone	Alternate Phone		
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Personal Email Address			

To help your union better serve you, please check all that apply:

Our union advocates for conditions and programs that attract and retain the highest quality professionals. Which of these are you interested in learning more about?

- | | |
|--|---|
| <input type="checkbox"/> Compensation and Contracts | <input type="checkbox"/> Student Debt Management |
| <input type="checkbox"/> Professional Rights and Responsibilities | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Financial Planning / Stretching Your Paycheck | <input type="checkbox"/> Member Discount Programs |
| <input type="checkbox"/> Pension and Retirement Benefits | <input type="checkbox"/> Additional Insurance Options |

Our union provides resources and support to our members in their careers.

How can we support you in your career?

- | | |
|--|---|
| <input type="checkbox"/> Student Behavior & Classroom Management | <input type="checkbox"/> Evaluation and Observation |
| <input type="checkbox"/> Curriculum Assistance | <input type="checkbox"/> Health and Safety |
| <input type="checkbox"/> Access to Career Mentors | <input type="checkbox"/> Certification Questions |
| <input type="checkbox"/> Interacting with Parents | <input type="checkbox"/> Continuing Education |

Our union works to ensure that every school and college provides our students with opportunities to succeed. Which of the following issues are most important to you?

- | | |
|--|--|
| <input type="checkbox"/> Social, Racial and Economic Justice, Women's and LGBTQ Rights | <input type="checkbox"/> Workplace Health and Safety |
| <input type="checkbox"/> Parental and Community Engagement | <input type="checkbox"/> Education Policy |
| <input type="checkbox"/> Fully-Funded Schools and Colleges | <input type="checkbox"/> Political Advocacy |

By my signature, I request and accept membership in the local organization named above, the New York State United Teachers ("NYSUT") and its national affiliates, the National Education Association ("NEA"), American Federation of Teachers ("AFT"), and the American Federation of Labor-Congress of Industrial Organizations ("AFL-CIO"), where applicable. I accept the rights, responsibilities, and benefits of union membership. I acknowledge and understand that I have the right to withdraw my membership at any time.

By my signature, I also voluntarily request and authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members of the local organization named above and remit that amount to the local organization.

I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union, for a period of one year from the date of this authorization and shall automatically renew from year to year unless I revoke this authorization by sending a written, signed notice of revocation via U.S. mail to the union between the window period of Aug. 1-31 or another window period specified in a collective bargaining agreement.

By my signature, I also consent to receive autodialed and/or prerecorded calls and/or text messages from or on behalf of the AFT, NEA, NYSUT, AFL-CIO and/or the local union at the telephone numbers provided, including my wireless number, if applicable. The scope of this consent relates to any purpose for which any of the above entities may call. I understand that this consent is NOT a condition of my membership in NYSUT, its national affiliates, or the local organization named above.

I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses or on other bases expressly provided by state or federal law, such as New York State Tax Law section 615(d)(5).

Signature	Date Signed
	/ /

TO BE COMPLETED BY LOCAL

<input type="checkbox"/> New Member	<input type="checkbox"/> Transfer
NYSUT Member ID # (leave blank if new member)	Dues Start Date / /
Local Name	
Local Number	
Unit	Building Name/Code
Membership Category (Annual Salary)	
<input type="checkbox"/> Full Dues (\$34,000 +) (1)	
<input type="checkbox"/> Split Dues	
<input type="checkbox"/> 3/4 Dues (\$25,500 - \$33,999) (7)	
<input type="checkbox"/> 1/2 Dues (\$17,000 - \$25,499) (2)	
<input type="checkbox"/> 1/4 Dues (\$8,500 - \$16,999) (5)	
<input type="checkbox"/> 1/8 Dues (<\$8,499) (8)	
<input type="checkbox"/> Per-Diem Sub (9)	

Job Type/Description

Certified/Licensed School Titles

- ☐ Teacher (1)
☐ Teaching Assistant (2)
☐ Guidance Counselor (I)
☐ Library/Media (J)
☐ Psychologist (M)
☐ Social Worker (O)
☐ Speech Therapist (S)
☐ Nurse (C)
☐ Other (9) _____

School-Related Professional

- ☐ Aide or Monitor (3)
☐ Buildings and Grounds (4)
☐ Transportation (5)
☐ Food Service Personnel (6)
☐ Admin. Support (7)
☐ Technology Support (G)
☐ Security (N)
☐ Other (9) _____

Higher Education

Academic

- ☐ Tenure Track (V)
☐ Adjunct Professor (W)
☐ Full-Time Non-tenure (X)

Professional

- ☐ Counselor/Advisor (I)
☐ Library/Media (J)
☐ Technology Support (G)
☐ Admin. Support (7)
☐ Other (9) _____

Support & Admin

Health Care

- ☐ RN (C)
☐ LPN or Tech (D)
☐ Therapist (R)

Municipal

- ☐ Library/Media (J)
☐ Admin. Support (7)
☐ Municipal Specialty (B)
☐ Other (9) _____