



**CLARK COUNTY EDUCATION ASSOCIATION  
NEVADA STATE EDUCATION ASSOCIATION  
NATIONAL EDUCATION ASSOCIATION**

## ENROLLMENT FORM

# **CCEA, NSEA, and NEA ... Keeping the Promise of Quality Public Education**

As a member of CCEA, NSEA, and NEA you automatically have access to:

- NEA Complimentary Life Insurance® — **free to you as a membership benefit** — up to \$50,000 in accidental death and dismemberment insurance and a \$150,000 benefit for death due to homicide while actively engaged in your occupation. **(To activate your free complimentary life insurance coverage, please complete the form in the back of the application.)**
- Job development.
- Quality training.
- Professional resources and research.
- Help and support networks.
- Legal assistance.
- Professional assistance to help you be successful in your job.
- And much more!

**Join with your colleagues from across the state and the nation to support quality public education—become a member of CCEA, NSEA, and NEA.**

For more information about products and services available to members, contact:

**Clark County Education Association** at:  
(800) 772-2282 or visit our website at [www.ccea-nv.org](http://www.ccea-nv.org).

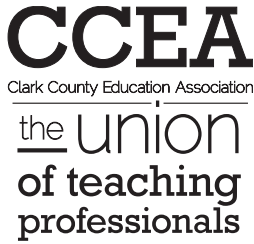
**Nevada State Education Association:**  
(800) 248-6732 or visit the website at [www.nsea-nv.org](http://www.nsea-nv.org).

**National Education Association:**  
visit the website at [www.nea.org](http://www.nea.org).

**CCEA**  
Clark County Education Association  
the union  
of teaching  
professionals

Nevada State  
Education Association  
**NSEA**

**nea**  
NATIONAL  
EDUCATION  
ASSOCIATION  
nea.org  
Great Public Schools  
for Every Child



CLARK COUNTY EDUCATION ASSOCIATION  
NEVADA STATE EDUCATION ASSOCIATION  
NATIONAL EDUCATION ASSOCIATION



# Membership Enrollment Form

**BELOW TO BE COMPLETED BY MEMBER**

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS			HOME PHONE	CELL PHONE
CITY	STATE	ZIP CODE	SOCIAL SECURITY NO. _____ - _____ - _____	
PERSONAL E-MAIL ADDRESS (By providing my e-mail address I am enrolling in e-mail alerts/communications)			SCHOOL	
<b>MEMBERSHIP TYPE:</b>		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time		<b>METHOD OF PAYMENT:</b>
				<input type="checkbox"/> Payroll <input type="checkbox"/> Cash

\* The following information is optional and failure to answer it will in no way affect your membership status, rights or benefits in NEA, NSEA, or CCEA.

<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>BIRTH DATE:</b> ____/____/____ Month    Day    Year	<b>ETHNIC CODE:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	<b>MARITAL STATUS:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced/Widowed
<b>EXPERIENCE:</b> Years of Teaching Experience _____ Previous School District/State _____ Relocating from Zip Code _____				

My signature authorizes CCEA to negotiate for me before the school district, as provided in Nevada Statutes, those items affecting my salary, hours and conditions of employment and to represent me in other matters affecting the professional services of educators and the quality of education.

**Payroll Deduction Authorization.** With full knowledge of the above, I hereby agree to pay cash for, or herein authorize my employer, the Clark County School District, to deduct from my salary, and pay to CCEA, in accordance with the agreed-upon payroll deduction procedure, the professional dues as established annually for this membership year and each year thereafter, provided that I may revoke this authorization by giving written notice to that effect to CCEA between July 1 and July 15 of any calendar year, or as otherwise designated by the negotiated agreement.

Dues are paid on an annual basis and, although dues may be deducted from my payroll check(s) in order to provide an easier method of payment, as a member I am obligated to pay the entire amount of dues for a membership year. I understand that if I resign my membership in CCEA, or in the event of termination, resignation or retirement from employment, I am still obligated to pay the balance of my annual dues for that membership year and such payments will continue to be deducted from my payroll check(s).

I further understand that dues are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as a miscellaneous itemized deduction.

MEMBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ASSOCIATION AGENT \_\_\_\_\_

DATE \_\_\_\_\_

WHITE: CCEA

YELLOW: NSEA

PINK: MEMBER

REV. 6/14

## NEA Complimentary Life Insurance® Beneficiary Registration Form

NEA Complimentary Life Insurance® is an automatic benefit for eligible NEA members. Please help us administer this program by giving us information on your beneficiary and by completing this form in its entirety. This information will be held in strict confidence. Thank you.

PLEASE PRINT

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_  
Month Day Year

Select your beneficiary for the NEA Complimentary Life Insurance® death benefit:

- (1)  Surviving spouse (at time of death)  
(2)  Surviving children (divided equally)  
(3)  Surviving parents  
(4)  Estate

(5)  Other

Name \_\_\_\_\_

Relationship \_\_\_\_\_

(if selecting partner, provide name of beneficiary and relationship to you.)

I am currently an:

- (1)  Active (2)  Life\* (3)  Reserve (4)  Staff

\* Life members must be actively employed in the field of education.

Marital status:

- (1)  Single (2)  Married  
(3)  Separated, Divorced, Widowed

Are you the major wage earner in your household?

- (1)  Yes (2)  No (3)  About the same

Gender:

- (1)  Male (2)  Female

I have been a continuous NEA member since the \_\_\_\_\_ school year.

By signing this form, I verify that I am a member in good standing of the National Education Association.

Member's Signature **X** \_\_\_\_\_ Date Signed \_\_\_\_\_

If married, what is the employment status of your spouse?

- (1)  Education employee (6)  Unemployed  
(2)  Other professional (7)  Homemaker  
(3)  Executive (8)  Student  
(4)  White-collar worker (9)  Other  
(5)  Blue-collar worker (10)  Retired

Total family income:

- (1)  \$19,000 or below (5)  \$50-59,999  
(2)  \$20-29,999 (6)  \$60-69,999  
(3)  \$30-39,999 (7)  \$70,000 or above  
(4)  \$40-49,999

Number of children dependent on you for support and their year of birth:

- (1)  0 (2)  1 (3)  2 (4)  3 (5)  4 or more

1<sup>st</sup> Child (DOB) \_\_\_\_\_ 3<sup>rd</sup> Child (DOB) \_\_\_\_\_

2<sup>nd</sup> Child (DOB) \_\_\_\_\_ 4<sup>th</sup> Child (DOB) \_\_\_\_\_

Which statement best describes your housing situation?

- (1)  Rent living quarters (4)  Own house  
(2)  Own condominium (5)  Live with relatives  
(3)  Own mobile home (6)  Other

# NEA

## Complimentary

## Life Insurance®

## Benefits

**Free coverage for eligible members:**

**Up to \$50,000 in accidental death**

**and dismemberment insurance and a**

**\$150,000 benefit for death due to**

**homicide while**

**actively engaged in**

**your occupation.**