

CLARK COUNTY EDUCATION ASSOCIATION

ENROLLMENT FORM

CCEA Supporting Educators Every Day Every Time

Attached you will find the CCEA membership form. As a member you are entitled to CCEA's Professional Learning and National Board Programs.

As a member of CCEA you are automatically:

- Covered under a contract between Clark County School District and CCEA. This contract covers your salary, benefits, and conditions of employment and you are automatically represented on all matters regarding your employment. In addition you have access to CCEA's professional learning programs, member services, and legal representation.

As a member of CCEA you automatically have access to:

- CCEA Complimentary Life Insurance® -free to you as a membership benefit - up to \$50,000 in accidental death and dismemberment insurance and a \$2,500 group life policy while actively engaged in your occupation. (To activate your free complimentary life insurance coverage, please complete the form in the back.)

Check Membership:

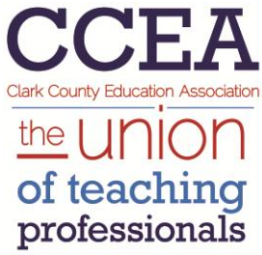
CCEA

Join with your colleagues from across the state and the nation to support quality public education-become a member of CCEA.

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.





CLARK COUNTY 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**			SCHOOL		
MEMBERSHIP TYPE:		METHOD OF PAYMENT:			
<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time		<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 CCEA.

SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE: ___ / ___ / ___ <small>Month Day Year</small>	ETHNIC CODE: <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 _____	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced/Widowed
EXPERIENCE: 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.

**By providing my e-mail address I am enrolling in e-mail alerts/communications

MEMBER'S SIGNATURE _____

DATE _____

ASSOCIATION AGENT _____

DATE _____

CCEA Complimentary Life Insurance® Beneficiary Registration Form

CCEA Complimentary Life Insurance® is an automatic benefit for eligible CCEA 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 CCEA Complimentary Life Insurance® death benefit:

- Surviving spouse (at time of death)
- Surviving children (divided equally)
- Surviving parents
- Estate
- 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

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

- Education employee
- Other professional
- Executive
- White-collar worker
- Blue-collar worker
- Unemployed
- Homemaker
- Student
- Other
- Retired

Total family income:

- \$19,000 or below
- \$20-29,999
- \$30-39,999
- \$40-49,999
- \$50-59,999
- \$60-69,999
- \$70,000 or above

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

- 0 1 2 3 4 or more

1st Child (DOB) _____ 3rd Child (DOB) _____

2nd Child (DOB) _____ 4th Child (DOB) _____

Which statement best describes your housing situation?

- Rent living quarters
- Own condominium
- Own mobile home
- Own house
- Live with relatives
- Other

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

Member's Signature X _____ Date Signed _____

CCEA Complimentary Life Insurance® Benefits

**Free coverage for
eligible CCEA
members:**

**Up to \$50,000 in
accidental death
and
dismemberment
and a \$2,500
group life policy
while actively
engaged in your
occupation.**