



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.)

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 <http://ccea-nv.org>



Clark County Education Association

the union of teaching professionals

CLARK COUNTY EDUCATION ASSOCIATION

Membership Enrollment Form

BELOW TO BE COMPLETED BY MEMBER

Form with fields: 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 (Full Time, Half Time), METHOD OF PAYMENT (Payroll, Cash)

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

Form with fields: SEX (Male, Female), BIRTH DATE (Month, Day, Year), ETHNIC CODE (American Indian / Alaska Native, Caucasian, Black, Pacific Islander, Other), MARITAL STATUS (Single, Married, Separated/Divorced/Widowed), EXPERIENCE (Years of Teaching Experience, Previous School District/State, Relocating from Zip Code)

Yes, I want to contribute to the CCEA Political Action Committee - PAC Please Check One:

- I will contribute \$_____ per paycheck as a payroll deduction for this purpose (\$2.00 or more is suggested)
I will increase my current contribution to \$_____
I wish to contribute \$_____ in check/cash.

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



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.)

Marital status:

- Single Married
- Separated, Divorced, Widowed

Are you the major wage earner in your household?

- Yes No About the same

Gender:

- Male Female

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

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

Total family income:

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

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 house
- Own condominium Live with relatives
- Own mobile home 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.