

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.

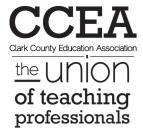
As a member of CCEA you automatically have access to:

 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

Membership Enrollment Form

BELOW TO BE COMPLETED BY MEMBER

LAST NAME		FIRST NAME			MIDDLE INITIAL	
ADDRESS				HOME PHONE	CELL P	HONE
CITY	STATE	ZIP CODE		SOCIAL SECURITY	NO	
PERSONAL E-MAIL ADDRES	SS (Byproviding my e-mail	address I am enrolling in e-mail	alerts / communications)	SCHOOL		
MEMBERSHIP TYPE:	Full Time	HalfTime	METHOD OF	PAYMENT:	O Payroll	Cash
* Th	_	·	al and failure to ar		n no way affe	ct
SEX: O Male O Female BIRTH DATE: O Americ O Asian O Hispan		n Indian / Alaska Native	Caucasian OBlack OPacific Islander Oother		MARITAL STATUS: Single Married Separated/Divorced/Widowed	
EXPERIENCE: Years of Teaching Experience	Descrieve Oak	- I Di-tri-t/04-t-		Pole	ocating from Zip Co	do
I will contribute \$ I will increase my curre I wish to contribute \$ My signature authorize salary,hours and condithe quality of education	ent contribution to \$ in check/cash s CCEA to negoti	n. ate for me before th	e school district, as	provided in Nev	vada Statutes, t	
Payroll Deduction Au employer, the Clark Co deduction procedure, t may revoke this author otherwise designated by	ounty School Distr he professional di ization by giving v	ict, to deduct from mues as established a written notice to that	ny salary, and pay to annually for this mem	CCEA, in acco	ordance with the	e agreed-upon payroll nereafter, provided that
Dues are paid on an a an easier method of p understand that if I re employment, I am stil continue to be deduc	payment, as a me esign my membe Il obligated to pa	ember I am obligate rship in CCEA, or i by the balance of m	ed to pay the entire in the event of term	amount of du ination, resigr	ies for a memb	pership year. I ement from
I further understand the be deductible as a mis			leÆcontributions for f	ederal income t	tax purposes. C	ues may
MEMBER 'S SIGNATU	RE	DATE	ASSOCIA	ATION 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.

DI FASE DRINT

Your Name				
Address				
City				
Phone () Date of Birth//_	Social Security No			
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	If married, what is the employment status of your spouse Education employee Other professional Executive White-collar worker Blue-collar worker Retired			
Relationship(if selecting partner, provide name of beneficiary and relationship to you.)	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			
Marital status:	Number of children dependent on you for support and			
Single Married Separated, Divorced, Widowed	their year of birth: 0 01 02 03 04 or more			
Are you the major wage earner in your household?	1 st Child (DOB) 3 rd Child (DOB)			
OYes O No O About the same	2 nd Child (DOB) 4 th Child (DOB)			
Gender: Male Female	Which statement best describes your housing situation Rent living quarters Own house Chive with relatives Own mobile home Other			
By signing this form, I verify that I am a member in good stand	ling 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.