

# SDEA

## MEMBERS FIGHT FOR THE SCHOOLS OUR STUDENTS DESERVE:

- Fair pay and protecting healthcare
- Improving class size & social/emotional support for students
- Advancing Community Schools
- Improving working & learning conditions
- Defending educators' rights
- Stopping privatization
- Working for education justice

**1 San Diego Education Association (SDEA) Membership Authorization - REQUIRED**

Yes, I want to join with my fellow co-workers and become a member of SDEA, California Teachers Association (CTA), and National Education Association (NEA). I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations, as they may be amended from time to time. I authorize SDEA/CTA/NEA to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**2 Dues Payment and Deduction Authorization - REQUIRED**

Yes, I want a strong SDEA and believe everyone who receives the benefits and protections of our union should pay their fair share to support our union's activities. I hereby (1) agree to pay annual dues uniformly required for membership in SDEA, CTA, and NEA; and (2) request and authorize my employer to deduct from my pay and transmit to SDEA in each pay period a pro rata portion of the annual dues required for membership in SDEA, CTA and NEA. I understand that the dues required for membership in the three associations are subject to periodic change by the associations' governing bodies. I authorize dues payment on a continuing basis from year to year, regardless of my membership status, unless and until I revoke this authorization by sending written notice via US mail to SDEA not less than thirty (30) days and not more than sixty (60) days before the annual anniversary date of this agreement, or my employment with the employer ends, or as otherwise required by law. I understand this agreement is voluntary, and is not a condition of employment, and I have the legal right not to sign this agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|                                          |                                         |                          |
|------------------------------------------|-----------------------------------------|--------------------------|
| Employee #                               | School or Worksite                      | Social Security (last 4) |
| <input type="text"/>                     | <input type="text"/>                    | <input type="text"/>     |
| First Name                               | Middle Initial                          |                          |
| <input type="text"/>                     | <input type="text"/>                    |                          |
| Last Name                                | <input type="text"/>                    |                          |
| Home Address                             | <input type="text"/>                    |                          |
| City                                     | Zip                                     |                          |
| <input type="text"/>                     | <input type="text"/>                    |                          |
| Personal email                           | <input type="text"/>                    |                          |
| Cell Phone                               | Home Phone                              |                          |
| <input type="text"/>                     | <input type="text"/>                    |                          |
| Employer: <input type="checkbox"/> SDUSD | <input type="checkbox"/> Charter: _____ |                          |

By providing my phone number, I understand that SDEA and its locals and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SDEA will never charge for text message alerts. Carrier message and data rates may apply to such alerts. To stop receiving text messages, text the word STOP back to the incoming number.

**3 Hold Local Politicians Accountable - SDEA PAC Deduction Authorization**

Yes, I want to hold local politicians accountable. SDEA Political Action Committee ("SDEA PAC") collects contributions and uses these funds to help elect friends of education at the local level. SDEA PAC is a General Purpose County political action committee. Contributions are strictly voluntary and are not tax deductible, nor are they a condition of membership in SDEA, CTA, or NEA or any affiliated organization. A member may contribute more or less than the amount suggested on this form, or may decide to not make any contribution, and this will not affect his/her status, rights or benefits in SDEA or any of its affiliates. This authorization shall remain in force until canceled by written notice from SDEA or by the member who signed this authorization. I hereby authorize my employer to deduct from my salary and forward to SDEA PAC:

☐ Gold: \$30 a month      ☐ Silver: \$20 a month      ☐ Bronze: \$10 a month      ☐ Other:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## OPTIONAL

SDEA Political Action Fund to Hold Politicians Accountable Opt Out A designated portion of SDEA dues (\$.10 per month for the 10 months dues are deducted) is normally allocated to the SDEA PAC (General Purpose County political action committee), through which SDEA provides financial support for education issues and SDEA-endorsed candidates for local offices. Initial here if you choose to not allocate a portion of your dues to the SDEA PAC account and want all of your dues to remain in the General Fund. \_\_\_\_\_

CTA Association for Better Citizenship Opt Out Designated portions of CTA dues are allocated to the Association for Better Citizenship (CTA/ABC) and in Independent Expenditures (IE). These are designated bipartisan political funds through which CTA provides financial support for educational issues (CTA/ABC) and CTA-endorsed candidates for local and state offices (CTA/ABC and IE). Initial here if you choose not to allocate a portion of your dues to the CTA/ABC and the IE account and want all of your dues to remain in the General Fund. \_\_\_\_\_

CTA Advocacy & Foundation Opt Out CTA dues includes a \$20 voluntary contribution per year to help fund CTA advocacy efforts and to fund the CTA Foundation for Teaching and Learning, which provides scholarships to members and supports teacher-led efforts to improve public schools. To opt out of the voluntary contribution, complete a Voluntary Contribution Change Form available at [www.cta.org](http://www.cta.org) or via email at [membership@cta.org](mailto:membership@cta.org).

SDEA Scholarship Fund Suggested contribution of \$5.00 per month. I wish to donate \_\_\_\_\_ per month. Initial here: \_\_\_\_\_



<https://bit.ly/joinsdeaonline>