



BVESP Membership Enrollment Form & Salary Deduction Authorization 2022-2023

Boulder Valley Paraeducators Association • Boulder Valley Classified Employees Association
 1345 Plaza Ct. N., Unit 4B, Lafayette, CO 80026 • 303-444-4486 • bvea@coloradoea.org



School/ Worksite Legal Name <i>First Middle Last</i>	BVSD Employee ID # Work Email @bvsd.org Home Email Work Phone 720-561- Cell Phone Home Phone <i>or same as cell</i>
Address Line 1 Address Line 2 City, St, Zip	

By providing my phone number, I understand that the NEA, the CEA, the local association, NEA Member Benefits, and NEA360, may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, CEA, and local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Ethnicity	Gender	Birth Date MM/DD/YY	Are you a US Citizen? <i>(question required by law)</i>
_____	_____	____/____/____	___ Yes ___ No

Registered Voter? ___ Yes ___ No	Political Party Affiliation? _____
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Job Category: (Check one)

Are you a 260 day employee? ___ Yes ___ No

BVPA (Paras)	___ Paraeducator <i>(all others)</i>	___ SPED Paraeducator	___ Health/Clinic Aide
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BVCEA (Classified)	Transportation	Operations	Maintenance	Nutrition Services
Other? _____	___ Bus Driver ___ Bus Assistant	___ Custodian ___ Security ___ Trans. Scheduler	___ Grounds ___ Warehouse ___ Vehicle Mech ___ HVAC ___ Trade: _____	___ Assistant ___ Kitchen Lead ___ Production Cook

Job Title (if applicable): _____ Grade Level (if applicable): _____

Rates for 2022-2023 (August 1 – July 31) Monthly dues will come out of each BVSD Payroll check you receive.

	BVPA (10 Month)	BVCEA (10 Month)	BVCEA (12 Month)
NEA Dues	73.00	73.00	122.50
CEA Dues	78.50	78.50	157.00
Unit & Local Dues	96.50	56.00	82.50
Total Annual Dues	248.00	207.50	362.00
Months of Employment	10 Month	10 Month	12 Month (260 Day employee)
Monthly Dues Deduction	\$24.80	\$20.75	\$30.17

Active Members: I hereby authorize continuing payment or salary deduction of unified dues (national, state, local, UniServ as applicable). Furthermore, I understand that this authorization shall continue in full force and effect unless revoked by me in writing and delivered to BVCEA between August 1-15 of any calendar year after the date designated below or authorized by vote of the BVCEA Executive Board. I hereby authorize my employer to deduct dues from my salary as arranged with my Local Association.

 Member's Signature Date

 Member Who Signed Up the New Member (PLEASE PRINT)



SCAN ME

<i>Office Use Only - 180731</i>
Received:
NEA:
Payroll: