



## BVEA Membership Enrollment Form & Salary Deduction Authorization 2023-2024

Mail or email form to BVEA: 1345 Plaza Ct. N., Unit 4B, Lafayette, CO 80026 • 303-444-4486 • [bvea@coloradoea.org](mailto:bvea@coloradoea.org)

☐ **MEMBERSHIP COMMITMENT: YES!**

I want to join my fellow employees and become a member of the Boulder Valley Education Association (BVEA), the Colorado Education Association (CEA), and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.

☐ **ANNUAL PAYMENT AUTHORIZATION: YES!**

I hereby agree to pay the annual (August 1 – July 31) dues established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations **through payroll deduction** unless revoked by me in writing and delivered to BVEA between June 1-30 of any calendar year after the date designated below. I understand that a portion of my dues includes a contribution to Every Member Option (EMO) per the terms set forth below.\*\*

**I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Dues payments are not deductible as charitable contributions for federal income tax purposes.

School/Worksite: \_\_\_\_\_ BVSD Employee ID # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Personal Email: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_

*BVEA communications are ONLY sent to personal emails.*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Race/Ethnicity:

Gender:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Native American/Alaska Native         | <input type="checkbox"/> Black or African-American        | <input type="checkbox"/> Female                          | <input type="checkbox"/> Male             |
| <input type="checkbox"/> Latin/o/a/x, Hispanic, or Chicano/a/x | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Transgender Female              | <input type="checkbox"/> Transgender Male |
| <input type="checkbox"/> Asian                                 | <input type="checkbox"/> White (not Hispanic)             | <input type="checkbox"/> Multiracial                     | <input type="checkbox"/> Other            |
|  |   | <input type="checkbox"/> Gender Expansive/Non-Conforming |   |

U.S. Citizen (only U.S. citizens may contribute to EMO\*\*): (optional) ☐ Yes ☐ No

\* By providing my cell phone number, I understand that the National Education Association and its affiliates, including the Colorado Education Association (CEA), the Boulder Valley Education Association (BVEA), NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Membership Type: ☐ Full-time ☐ Part-time, <0.62 FTE ☐ Full-time first year ☐ Part-time first year, <0.62 FTE

*If you are a first-time teacher, kindly choose the "first-year" option to benefit from this year's discounted rate.*

Position: \_\_\_\_\_ Grade Level (if applicable): \_\_\_\_\_ Subject Area (if applicable): \_\_\_\_\_

(Classroom teacher, Preschool teacher, Psychologist, Library/Media Specialist, Social Worker, Instructional Specialist/TOSA, Special Education Teacher, Speech/Hearing Therapist, Counselor, Other – please describe).

Rates for 2023-2024 (August 1 – July 31) (NEA + CEA + BVEA = Total/12 months) = Monthly deduction

Full-time educator = \$84.14; Part-time educator, < 0.62 FTE = \$43.03; Full-time first year = \$67.60; Part-time first year, < 0.62 FTE = \$34.76

\*\*The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$43 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$21.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members. BVEA membership dues include an \$18 voluntary political contribution to Every Member Option (EMO) in support of pro-public education legislation and candidates.

You may request that those contributions be refunded by BVEA and/or CEA by notifying each organization in writing prior to December 15. The CEA will refund the EMO by check if the member notifies CEA in writing by email on the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after November 15 about EMO. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Only U.S. citizens may contribute to EMO.

\_\_\_\_\_

Member's Signature

\_\_\_\_\_

Date



SCAN ME

**BVEA Office Use Only**

Received: | | |

NEA:

Payroll:

\_\_\_\_\_  
Association Representative (PLEASE PRINT)