



HSTA AND NEA MEMBERSHIP ENROLLMENT FORM



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| Last Name | | | | | | | | | | First Name | | | | | | | | | | Middle Name | | | | | | | | | |
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| Mailing Address | | | | | | | | | | | | | | | | | | | | City | | | | | State | | Zip Code | | |
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| Home Phone | | | | | | | | | | Mobile Phone | | | | | | | | | |
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Sign up for HSTA;NEA mobile alerts. (Msg & data rates may apply. 4 msg/month. SMS terms at nea.org/terms.)

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| Personal Email (non-work) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| School/Worksite | | | | | | | | | | | | | | | Date of Hire (MM/DD/YYYY) | | | | | | | | | | | | | | |
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Gender: Male Female Prefer not to disclose Full Time Half Time

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| DOB (MM/DD/YYYY) | | | | | | | | | | Last 4 SSN | | | |
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I want to become a member of the Hawaii State Teachers Association (HSTA), I understand that by voluntarily becoming a member of HSTA I will automatically become a member of the National Education Association and I further agree to abide by the rules that govern both associations. I understand that a portion of my dues will be used for political and ideological activities of the Association. Furthermore, I authorize my employer to deduct from my pay in each pay period a pro rata portion of the annual dues, fees, and assessments required for membership in the Hawaii State Teachers Association. I fully understand that the annual dues, fees, and assessments required for membership in the association is subject to periodic change by the governing body of the association and authorize my employer to deduct any modified monthly dues, fees, and assessments established by the association unless my obligation to do so ends under one of the circumstances set forth below. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to the address below via U.S. Mail, between August 1 and August 31 of the membership year immediately preceding the membership year in which the membership is to be cancelled; or (b) my employment as a bargaining unit-05 member ends. Dues payments are not tax deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

For Official Use Only

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| Signature | | | | | | | | | | Date | | | | | | | | | | Worksite ID | | | | |
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We want to hear from you (optional):

1) What year did you enter the profession? (YYYY)

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- 2) I am:
- Already a member
 - Transferring from another district
 - Joining the Association today
 - Interested in receiving more information about membership

- 3) Your Association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?
- Classroom Management (e.g. student behavior, relationships with students)
 - Lesson planning
 - Working with mentors/coaches
 - Working with families
 - Collaborating with administrators and colleagues
 - Unpacking professional expectations (e.g., evaluations, observations)

- 4) Your Association works to ensure schools provide students with the opportunities to be successful. Which issues are most important to you?
- Social and Racial Justice
 - Meeting the needs of students in poverty
 - Family and community engagement
 - Fully Funded Schools
 - Education Policy-Contributing to critical decisions affecting my students, school, and district
 - Political Advocacy-Supporting education policies to ensure all students have opportunities to succeed

- 5) Your Association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?
- Salary
 - Educator Rights and Responsibilities
 - Health Care Benefits
 - Pension and Retirement Security
 - Student Debt and/or Finances
 - Stretching Your Paycheck
 - Working Conditions