

HSTA AND NEA MEMBERSHIP ENROLLMENT FORM



Online version available at www.hsta.org/join

Last Name			First Name				N		l.	Last 4 SSN		
Mailing Address						Apt/				ot/Unit #		
City	1		State		Zip Code		DOB (MM/DD/YYYY)			YY)		
Hor	ne Phone	Cell Ph	Cell Phone			Personal Email	ersonal Email (Non-work)					
Sch	ool/Worksite				Date o	f Hire (MM/DD)	/YYYY)		☐ Full-T	ime □ Half-Time		
Ger	nder		Gender Expansive/Non-Conforming ☐ Transgender Female ☐ Other									
ЦСТ	TA T-shirt (select one)	Man's cro	u pock (cizos C I	EVI avail	abla)	HSTA T-:	chi	rt Sizo			
HSTA T-shirt (select one) ☐ Men's crew neck (sizes S – 5XL ☐ Women's v-neck (sizes S – 4XL												
State T associa circum below as a ba miscell	ation. Furthermore, I authorize my employ eachers Association. I fully understand that ation and authorize my employer to ded isstances set forth below. This authorizatio via U.S. Mail, between August 1 and Augu argaining unit-05 member ends. Dues pays laneous itemized deduction.	at the annual do uct any modific on continues fro st 31 of the me	ues, fees, an ed monthly om year to ye embership ye	d assessments dues, fees, ar ear, regardless ear immediate	s required for nd assessmer s of my mem ely preceding	membership in the associate established by the associate stablished by the associate status, unless (a) I the membership year in was for federal income tax	ciation is sub sociation unl revoke this which the me	ject t less r autho embe	o periodic chainy obligation to obligation to orization in a si	nge by the governing body of the to do so ends under one of the gned writing sent to the addre cancelled; or (b) my employme	he he ss nt	
Sigi	lature						ale					
	want to hear from you (or As an educator, you have a close	-up view of					ols. These	que:	stions will h	elp us collectively		
	win for our students and provide	-		ou need to .				6		الماريون برمال مواور مورو		
1) What year did you enter the profession? (YYYY)					•	 When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in) 						
2) De	Describe your membership status:					☐ <i>Membership, Leadership & Advocacy</i> – Talking to colleagues						
	\square I am already a member here					about joining our union to build power for members. For						
	\square I was a member at my last district/employer and I					example, participating as an organizer, building representative, or another Association leadership role.						
_	want help transferring my me					·				ny union to elect pro-		
□ I am not a member and would like more information about joining				n		public education candidates from both parties – from my local school board to the White house.						
3) Your union provides training, support, and tools to ensure your success. What would you like to learn more about?						☐ Collective Action — Helping get the word out about bargaining, meet & confer, or other workplace actions.						
☐ Building relationships and meeting students' social emotional needs						☐ School Funding & Education Policy – Working to increase education funding at my school, district, and state.						
	☐ Family and community engagement					\square Leading Our Professions – Supporting members to grow in their						
☐ Instructional and classroom strategies						professional practices.						
☐ Health and safety						☐ Thinking about it – I'm not ready to volunteer right now but I'n looking forward to staying informed.			m			
	Social justice and racial equity					IOOKIIIS IOI W	aru to stay	איייק	inionnieu.			
	Technology Reducing student debt											
	Reducing student debtSaving money with NEA Memb	er Renefits										
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