



HSTA AND NEA MEMBERSHIP ENROLLMENT FORM

1200 Ala Kapuna Street
 Honolulu, Hawai'i 96819
 Tel: (808) 833-2711 | Fax: (808) 839-7106

Enroll Online:



Last Name		First Name		M. I.	Last 4 SSN
Mailing Address					Apt/Unit #
City		State	Zip Code	DOB (MM/DD/YYYY)	
Home Phone		Mobile Phone*		Personal Email (Non-work)	
<small>*By providing my mobile phone number, I understand that the Hawai'i State Teachers Association and the National Education Association may use automated calling techniques and/or text me periodically. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.</small>					
School/Worksite			Date of Hire (MM/DD/YYYY)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time	
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female		<input type="checkbox"/> Gender Expansive/Non-Conforming <input type="checkbox"/> Other	
HSTA T-shirt (select one)			HSTA T-shirt Size		
<input type="checkbox"/> Men's crew neck <input type="checkbox"/> Women's v-neck			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL		

I want to join my fellow employees and become a member of the Hawai'i State Teachers Association (HSTA), I understand that by becoming a member of HSTA I will automatically become a member of the National Education Association and I further agree to abide by the Constitution and Bylaws 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 Hawai'i 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 above via U.S. Mail, between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization 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.

Signature	Date
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We want to hear from you (optional): As an educator, you have a close-up view of the opportunities and challenges facing out schools. These questions will help us collectively win for our students and provide you with the tools you need to succeed as an educator.

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

2) Your union provides training, support, and tools to ensure your success.

What would you like to learn more about?

- Building relationships and meeting students' social-emotional needs
- Family and community engagement
- Instructional and classroom strategies
- Health and safety
- Social justice and racial equity
- Technology
- Reducing student debt
- Saving money with NEA Member Benefits

3) When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in)

- Membership, Leadership & Advocacy* – Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role.
- Political Activism* – Volunteering with my union to elect pro-public education candidates from both parties – from my local school board to the White house.
- Collective Action* – Helping get the word out about bargaining, meet & confer, or other workplace actions.
- School Funding & Education Policy* – Working to increase education funding at my school, district, and state.
- Leading Our Professions* – Supporting members to grow in their professional practices.
- Thinking about it* – I'm not ready to volunteer right now but I'm looking forward to staying informed.



FOR INTERNAL USE ONLY

IMS	D/A	PM	UD	EMAIL	CARD	VEBA	NAME