Your Partner. Your Advocate. Your Association.

How can we best support	you?							
Please print one letter per box.								
1) What year did you enter the education (YYYY) 2) I am: Already a member Transferring from another school of Joining the Association today Interested in more information about the school of the	district	4) Your Association works to ensure that schools provide students with 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 & Responsibilities Health Care Benefits Pensions and Retirement Security Student Debt and/or Finances Stretching Your Paycheck Working Conditions						
3) Your Association provides suppor ensure your success with student trainings would you like to hear managing Student Behavior Peer Mentoring and Coaching Meeting the Needs of Students wit Student Bullying and Suicide Prevenschool Safety Career Development Planning	ts and tools to s. What tools or nore about? th Trauma							
FIRST NAME	MIDDLE NAME	LAST NAME						
WORKSITE	EMF	PLOYER						
PERSONAL EMAIL								
HOME ADDRESS		CELL PHONE #						
CITY	STATE ZIP	Get NEA Mobile Alerts Message and data rates may apply. Four msgs/month. SMS terms at nea.org/terms.						
JOB TITLE (Pick one that most represents □ Clerical Services □ Custodial & Maintenance □ Food Services □ Health & Student Services	s your work.) □ Paraeducator □ Security Services □ Skilled Trades □ Technical Services	☐ Transportation ☐ Classroom Teacher ☐ Other						







Office Use: Worksite ID											