



Columbus Education Association

2021-2022

Unified Membership and Annual Payment Authorization Form

Date Received: _____
Date Sent to HR: _____
(Dept. Use Only)

Employee ID Number grid

Employee ID Number First Name MI Last Name

Street Address

City ST ZIP

Primary Phone Number (non-CCS) Email Address (non-CCS)

Position:

Work Location or Unit:

COST BREAKDOWN

Table with 9 columns: CHECK ONE BELOW, STATUS, NEA Dues, OEA Dues, UniServ Assessment (OEA), Capital District, CEA Dues, Scholarship Assessment (CEA), ANNUAL TOTAL. Rows include Full-Time, Half-Time/Tutor, and Quarter-Time.

Non-Members cannot vote in CEA elections, participate in the ratification of CEA contracts, hold any office or be involved in the governance of the CEA. They do not receive any membership benefits, including access to the Attorney Referral Program, and do not receive member promotional or informational materials. Non-Members do not participate in the CEA Scholarship program.

Membership Commitment: By signing below, I hereby request and voluntarily accept membership in the Columbus Education Association, Ohio Education Association, and National Education Association, and agree to abide by the Constitutions and Bylaws of those three organizations.

Annual Payment Authorization: I understand that all membership dues of active employees of Columbus City Schools are paid via payroll deduction beginning with the 3rd pay date of the school year in accordance with the deduction schedule established in the Master Agreement between the Columbus City Schools Board of Education and the Columbus Education Association ("Master Agreement"). My signature below authorizes the Columbus Board of Education to deduct from my payroll earnings the total annual dues of the United Education Profession, regardless of my membership status. This authorization is in accordance with the Master Agreement and shall be on a continuing basis from year to year, unless I revoke this authorization pursuant to the terms and conditions of the Master Agreement.

I understand that checking this box constitutes a legal digital signature confirming my understanding and agreement to the above.
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.

Member Signature (Required) Date