Current membership information is essential if local records are to coincide with state records in regard to individual membership status for legal services coverage, billings for dues, and determination of delegate entitlements as well as communicating with the members.

This form cannot be used for enrolling new members. An enrollment form is required to be completed and signed by new members.

Section I. Use This Section To Report Membership Type Changes (i.e., Educator to Education Support Professional, or vice-versa), Member Level Changes (i.e., full-time to half-time, half-time to quarter-time, etc.).

<table>
<thead>
<tr>
<th>ID Number</th>
<th>FULL NAME</th>
<th>Effective Dates of Current Membership Type</th>
<th>Effective Dates of New Membership Type</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0009876543</td>
<td>BOBBY SMITH</td>
<td>9/1/20XX</td>
<td>11/30/20XX</td>
<td>Half-time to Full-time Beginning 12-1-20XX (EXAMPLE)</td>
</tr>
</tbody>
</table>

Section II. Use The Section Below to Report Personal Information Updates (i.e., name, address, non-work e-mail, and non-work phone).

<table>
<thead>
<tr>
<th>ID Number</th>
<th>FULL NAME</th>
<th>New Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>0006315795</td>
<td>June Miller</td>
<td>Change Name &amp; Address to June M Wilson, 123 Anywhere St., Some Town, OH 44444 (EXAMPLE)</td>
</tr>
</tbody>
</table>

Electronic form: [www.ohea.org/Resources/Secretary-Treasurer’s office/Documents Library](http://www.ohea.org/Resources/Secretary-Treasurer’s office/Documents Library)

Membership Questions Contact Us At: membership@ohea.org or InfOEA at 1-844-632-4636.
Section III. Cancellations: Use this worksheet format to calculate the amount of dues collected by payroll deduction for each individual that leaves your local during the 2019-2020 membership year. If the individual to be cancelled paid their dues obligation in cash, write "cash" in Column E below along with the individual’s ID Number, Full Name, Effective Date, and Reason for Cancellation. The local association is in no way obligated to refund any portion of a cash payment.

Individuals are obligated to pay the full year’s dues. Please confirm the collection of the full year’s dues by writing the amount collected in Column E below along with the Individual’s ID Number, Full Name, Effective Date, and Reason for Cancellation. If the local was unable to collect full dues, complete the following steps to assist you in calculating the appropriate amount to report in column E. *If less than full dues obligation is collected, a reason is to be provided as to why a lesser amount was collected by local.

Step One – Calculate the Local Dues Portion:

Yearly Local Association Dues Amount (LEA) for this individual

\[
\text{Divided by total number of payroll dues deductions for year} = \text{Local (LEA) dues per payroll deduction}
\]

\[
\text{Times number of payroll deductions this individual paid including the final pay} = \text{Total amount of local (LEA) dues collected by payroll deduction}
\]

Step Two – Calculate the OEA/NEA/UniServ/District Dues Portion:

Total amount of dues collected from the individual including the final pay

\[
\text{Less local (LEA) dues collected (Result from Step One, outlined box above.)} = \text{Total annual dues collected and amount due to OEA (Transfer This Amount to Column E Below)}
\]

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
<th>Column E</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Number</td>
<td>Full Name</td>
<td>Effective Date</td>
<td>Reason for Cancellation</td>
<td>Amount Collected * (Do Not Include Local Dues)</td>
</tr>
</tbody>
</table>

If the total amount of dues collected is not provided for each cancellation, the Membership Department will contact you to obtain the information. The local will continue to be billed 100% of dues until the information is provided. For questions contact Membership at membership@ohea.org or call InFOEA at 1-844-632-4636.

Rev. 04/19