Your Partner. Your Advocate. Your Association.
How can we best support you?

Please print using one box per letter.

FIRST NAME

MIDDLE NAME

LAST NAME

WORKSITE

EMPLOYER

PERSONAL EMAIL

HOME ADDRESS

CELL PHONE #

CITY

STATE

ZIP

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JOB TITLE *(Pick one that most represents your work.)*

☐ Classroom Teacher
☐ Special/Developmental Ed
☐ Counselor
☐ Librarian

☐ Administrator
☐ Speech/Hearing
☐ Psychologist
☐ Reading Specialist

☐ Coach
☐ Occ. Therapist
☐ Other
☐ Education Support Professional

1) What year did you enter the profession?

(YYYY)

2) I am:

☐ Already a member
☐ Transferring from another school district
☐ Joining the Association today
☐ I would like more information about membership

3) Your association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?

☐ Classroom management (e.g. student behavior, relationships with students)
☐ Lesson planning
☐ Working with mentors/coaches
☐ Working with families
☐ Collaborating with administrators and colleagues
☐ Unpacking professional expectations (e.g. Evaluations, observations)

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

T-Shirt Size _____

OEA
OHIO EDUCATION ASSOCIATION

ONE
Ohio's New Educators

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