

**Ohio Education Association
2020-2021
Membership Update Form**

Local Association Name: _____ Local User ID: _____ Date: _____

Preparer: _____ Phone Number: _____ E-Mail Address: _____

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.).

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

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

ID Number	FULL NAME	New Personal Information
0006315795	June Miller	Change Name & Address to June M Wilson, 123 Anywhere St., Some Town, OH 44444 (EXAMPLE)

Return to: Electronic form: [www.ohea.org/Resources/Secretary-Treasurer's office/Documents Library](http://www.ohea.org/Resources/Secretary-Treasurer's%20office/Documents%20Library)

OEA Membership Department
225 East Broad Street
Columbus, Ohio 43216

Membership Questions Contact Us At: membership@ohea.org or InfoOEA at 1-844-632-4636.

Local Association Name: _____ Local ID _____

Section III. Cancellations: Use this work sheet format to calculate the amount of dues collected by payroll deduction for each individual that leaves your local during the 2020-2021 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		_____
Divided by total number of payroll dues deductions for year	÷	_____
Equals amount of local (LEA) dues per payroll deduction	=	_____
Times number of payroll deductions this individual paid including the final pay	×	_____
Equals total amount of local (LEA) dues collected by payroll deduction	=	<div style="border: 2px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

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

Total amount of dues collected from the individual including the final pay		_____	
			(amount provided by employer)
Less local (LEA) dues collected (Result from Step One, outlined box above.)	-	_____	
Total annual dues collected and amount due to OEA (Transfer This Amount to Column E Below)	=	_____	

Column A	Column B	Column C	Column D	Column E
ID Number	Full Name	Effective Date	Reason for Cancellation	Amount Collected * (Do Not Include Local Dues)

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.

