



OEA ASPIRING EDUCATOR

A DIVISION OF OHIO EDUCATION ASSOCIATION
Box 2550, Columbus, Ohio 43216
2020 - 2021 MEMBERSHIP FORM (September 1 – August 31)



PERSONAL INFORMATION



LAST 4 DIGITS
SOC. SEC. NO.

FIRST - MIDDLE INITIAL - LAST (JR, SR, ETC.)

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ADDRESS																																									
CITY STATE																															ZIP										

OHIO EDUCATION ASSOCIATION
www.ohea.org

E-MAIL ADDRESS

CELL PHONE NUMBER AREA CODE PRIMARY CONTACT NUMBER

By checking the box, I understand that the National Education Association and its affiliates including, OEA, the local association, NEA Member Benefits, and NEA 360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, OEA, NEA360, NEA Member benefits or my local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

College or University _____
Branch _____ Campus (OEA-AE) Advisor _____

WERE YOU A MEMBER LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	COLLEGE RANK	AREAS OF CONCENTRATION	UNIFIED MEMBERSHIP IS REQUIRED										
ETHNIC MINORITY CODE* <i>(Please check one)</i> <input type="checkbox"/> (1) Native American/Alaska Native <input type="checkbox"/> (3) African American/Black <input type="checkbox"/> (4) Hispanic <input type="checkbox"/> (5) Caucasian (Not of Spanish Origin) <input type="checkbox"/> (6) Asian <input type="checkbox"/> (7) Native Hawaiian/Pacific Islander <input type="checkbox"/> (8) Multi-Ethnic <input type="checkbox"/> (9) Other <input type="checkbox"/> (UK) Unknown	FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> POST GRAD <input type="checkbox"/> ESTIMATED DATE OF GRADUATION _____ LICENSURE AREAS Pre K - 3 <input type="checkbox"/> Middle Childhood <input type="checkbox"/> High School <input type="checkbox"/> K - 12 <input type="checkbox"/>	<input type="checkbox"/> Art <input type="checkbox"/> Music <input type="checkbox"/> Physical Education <input type="checkbox"/> Media Specialist <input type="checkbox"/> Gifted Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Pupil Services CONTENT AREA FOCUS <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Social Sciences	ENROLLED AS MEMBER OF: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">NATIONAL EDUCATION ASSOCIATION ASPIRING EDUCATOR</td> <td style="text-align: right;">DUES \$ 15.00</td> </tr> <tr> <td>OEA ASPIRING EDUCATOR (OEA-AE)</td> <td style="text-align: right;">+ \$ 19.00</td> </tr> <tr> <td style="text-align: right;">Subtotal</td> <td style="text-align: right;">\$ 34.00</td> </tr> <tr> <td>CHAPTER DUES –to be paid to the campus chapter of OEA-AE (OEA Aspiring Educator)</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td>TOTAL DUES PAID</td> <td style="text-align: right;">\$ _____</td> </tr> </table> Received by _____ (Collector)	NATIONAL EDUCATION ASSOCIATION ASPIRING EDUCATOR	DUES \$ 15.00	OEA ASPIRING EDUCATOR (OEA-AE)	+ \$ 19.00	Subtotal	\$ 34.00	CHAPTER DUES –to be paid to the campus chapter of OEA-AE (OEA Aspiring Educator)	+ \$ _____	TOTAL DUES PAID	\$ _____
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TOTAL DUES PAID	\$ _____												

Member's Signature _____ Date _____

You can **pay online** using Visa, MasterCard or Discover at <https://www.nea.org/JoinNea>, or make checks for subtotal to OEA. PLEASE **DO NOT** SEND FORMS OR CHECKS DIRECTLY TO THE NATIONAL EDUCATION ASSOCIATION. Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction. Lobby expenses paid or incurred as part of membership dues cannot be deducted from your income taxes. The amount of the OEA membership dues attributable to lobby expenses and actual deductible dues dollars will be reported annually online and in the February issue of Ohio Schools Magazine for all levels of membership.

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.