

Together. A Stronger Voice.



Step 1: Join!

MEMBERSHIP COMMITMENT: YES!

I want to join my fellow employees and become a member of the local association, The SCEA, and the National Education Association. I hereby request and voluntarily accept membership in these associations, and agree to abide by the Constitution and Bylaws of all three associations.

ANNUAL PAYMENT AUTHORIZATION: YES!

I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or the payment method selected below unless I revoke this authorization in a signed writing sent to membership@theSCEA.org or faxed to 803-772-0922 between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

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.

SIGNATURE:

DATE:

Dues payments are not deductible as charitable contributions for federal income tax purposes.

First Name:

Last Name:

Position:

Personal Email:

Cell Phone*:

DOB:

SSN4:

Employer:

Worksite:

Subject:

Home Address:

City:

State/ZIP:

** By providing my cell phone number, I understand that the National Education Association and its affiliates, including The SCEA and the local association, NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.*

SELECT YOUR MEMBERSHIP CATEGORY:

Certified For individuals employed in public education in a certified position in a public school district or institution of higher learning or whose job is primarily education. This includes classroom teachers, faculty, counselors, librarians, nurses, school administrators, and others with a teaching certificate.

Education Support Professional (ESP) For individuals who are employed in public education in a support position in a public school district or institution of higher learning or whose job is primarily in education. This includes the following fields: clerical service, custodial/maintenance service, food service, health and student services, paraeducators, security services, skilled trades, technical services, and transportation services.

Substitute For individuals that serve as education bridges when assigned classroom teachers are absent.

Associate For individuals interested in advancing the cause of public education and who are not eligible for any of the NEA membership categories appearing above.

Referred By:

Step 2: Support elected officials who support public education

YES! I WANT TO HELP ADVANCE POLICIES THAT POSITIVELY IMPACT EDUCATORS, STUDENTS, AND PUBLIC EDUCATION.

I hereby authorize the following contribution to be split evenly between the NEA Fund for Children and Public Education and The SCEA to build a strong voice for educators.

I want to donate: \$10 \$5 \$1 \$ per pay period

The NEA Fund for Children and Public Education and The SCEA Fund for Children and Public Education collect contributions from Association members for political work. This includes, but is not limited to, making contributions to (and expenditures on behalf of) friends of public education who are candidates for office.

Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund and The SCEA Fund. Contributions to the Funds are voluntary. Making a contribution is neither a condition of employment nor membership in the NEA, The SCEA, and LEA, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA Fund and The SCEA Fund request a donation in the amounts listed above, these are only suggestions. A member may contribute more or less than the suggested amounts, or may contribute nothing at all, without it affecting their membership status, rights, or benefits in NEA or any of its affiliates.

Contributions to the NEA Fund and The SCEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires the NEA Fund to use best efforts to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

SIGNATURE:

DATE:

Step 3: Your professional needs and opportunities

1. What year did you enter the profession? (YYYY)

2. Your union provides training, support, and tools to ensure your professional success. What would you like to learn more about?

Building relationships and meeting students' social-emotional needs	Family and community engagement
Technology	Instructional and classroom strategies
Social justice and racial equity	Reducing student debt
	Health and safety
	Saving money with NEA Member Benefits

3. When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in)

Membership, Leadership & Advocacy: Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role.

Collective Action: Helping get the word out about bargaining, meet & confer, or other workplace actions.

Leading Our Professions: Supporting members to grow in their professional practices.

Political Activism: Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.

School Funding & Education Policy: Working to increase education funding at my school, district, and state.

Thinking About It... I'm not ready to volunteer right now but I'm looking forward to staying informed.

Ethnicity:	American Indian/Alaska Native	Asian	Black	Hispanic
	Native Hawaiian/Pacific Islander	White (<i>not Hispanic</i>)	Multi-Ethnic	Other

Gender:	Female	Male	Transgender Female
	Transgender Male	Gender Expansive/Non-Conforming	Other

2022-2023 Dues

Membership Type	NEA	The SCEA	Total
Active Full Time	\$204.00	\$275.00	\$479.00
Active Part Time	\$113.50	\$130.00	\$243.50
Education Support Staff FT	\$122.50	\$142.00	\$264.50
Education Support Staff PT	\$73.00	\$70.25	\$143.25
Associate	N/A	\$124.50	\$124.50
Substitute	\$68.50	\$70.25	\$138.75

Local Dues

Abbeville	\$10.00 / \$5.00	Dillon	\$10.00 / \$5.00	Laurens	\$8.00
Aiken	\$15.00	Dorchester	\$10.00 / \$5.00	Lee	\$30.00
Allendale	\$10.00 / \$7.00	Edgefield	\$10.00	Marion	\$15.00
Anderson	\$20.00 / \$10.00	Fairfield	\$15.00	Marlboro	\$10.00
Bamberg	\$15.00	Florence	\$12.00 / \$5.00	McCormick	\$10.00
Barnwell	\$15.00 / \$7.50	Georgetown	\$10.00 / \$5.00	Newberry	\$20.00
Beaufort	\$15.00 / \$8.00	Greenville	\$50.00 / \$10.00	Oconee	\$25.00 / \$15.00
Berkeley	\$16.00	Greenwood	\$10.00	Orangeburg	\$15.00
Calhoun	\$10.00	Hampton	\$6.00 / \$3.00	Palmetto Corr.	\$11.00
Cedar Springs	\$23.00	Horry	\$20.00	Pickens	\$15.00
Charleston	\$30.00	Lexington/Richland 5	\$25.00	Richland	\$62.00
Cherokee	\$25.00	Jasper	\$10.00	Saluda	\$10.00
Chester	\$10.00	Kershaw	\$10.00	Spartanburg	\$25.00
Chesterfield	\$10.00	Lancaster	\$10.00 / \$5.00	Sumter	\$10.00
Clarendon	\$11.00			Union	\$10.00
Colleton	\$20.00			Williamsburg	\$15.00 / \$7.50
Darlington	\$10.00			Williston	\$10.00 / \$5.00
				York	\$13.00 / \$10.00

Deduction Schedule By Local (Date/Each Month)

1 st & 16 th	10 th & 25 th	15 th & 31 st	25 th
Palmetto Unified Richland Sumter	Allendale Fairfield Lee McCormick Saluda	Beaufort Berkeley Calhoun Cherokee Chester Chesterfield Clarendon Colleton Darlington Dorchester Florence	Georgetown Greater Lexington Greenville Hampton Horry Jasper Lex-Rich 5 Marion Orangeburg Pickens
			Summerville Williamsburg
			20 th Marlboro
			5 th & 20 th Aiken
			22 nd Dillon
			Abbeville Anderson Bamberg Cedar Springs Edgefield Greenwood Lancaster Newberry Oconee Spartanburg Union York

Step 4: Payment Information

CASH/CHECK

(requires full payment of annual dues upon receipt of application)

CREDIT/DEBIT CARD*

Visa Mastercard AMEX Discover
(card payments are drafted on the 15th of each month)

Yes!

I would like to pay my dues in full.

Name on Account:

Billing Address:

City:

State/Zip:

Card Number:

Exp: (M/Y)

Name as it Appears on Card:

ELECTRONIC FUNDS TRANSFER (EFT)*

Account Type:

Checking

Savings

Name on Account:

Address:

City:

State/Zip:

Name of Bank:

9-Digit Bank Routing Number:

Account Number:

I authorize The SCEA or its designated local to charge my credit/debit card or checking/savings account, as provided above, for annual dues and for any authorized PAC contribution. I further authorize those payments to be made through the initial membership year ending August 31, 2023, and recurring annually thereafter, payable in accordance with the Deduction Schedule by Local, above, in the amounts set forth below. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$10, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA or its affiliates change the amount of annual dues, The SCEA will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. The total amount of my NEA Fund for Children and Public Education contributions, if any, shall remain fixed unless I notify The SCEA of any adjustments to future contribution amounts in writing sent to membership@theSCEA.org or faxed to 803-772-0922. Following either notice, I authorize The SCEA or local to adjust the amount to be charged or debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to The SCEA at membership@theSCEA.org or faxed to 803-772-0922 and include my name, address, employer, and membership number. I understand that termination of this authorization will take effect 7 days after receipt by the state association. I further understand that termination of this authorization, or the rejection of any charge or debit, shall not constitute the termination of my membership or dues obligation.

MONTHLY DUES PAYMENT: (for office use only)

12 payments by EFT or credit/debit card.

FULL-TIME

\$ /mo.

HALF-TIME

\$ /mo.

PAC

\$ /mo.

SIGNATURE:

DATE: