



MEMBERSHIP ENROLLMENT FORM



New York State United Teachers
Affiliated with AFT • NEA • AFL-CIO

FOR NYSUT USE ONLY
LOCAL CODE _____

LOCAL NAME _____

SOCIAL SECURITY NUMBER	FIRST NAME	M.I.	LAST NAME	SUFFIX
ADDRESS				APT. #
CITY			STATE	ZIP CODE
DATE OF BIRTH / /		AREA CODE TELEPHONE ()	BUILDING CODE	DUES PAID BY <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CASH
			SALARY	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

IMPORTANT: Please check one State and one National category. See cover sheet for instructions.

STATE CATEGORY						
<input type="checkbox"/> FULL DUES CODE 1	<input type="checkbox"/> 3/4 DUES CODE 7	<input type="checkbox"/> 1/2 DUES CODE 2	<input type="checkbox"/> 1/4 DUES CODE 5	<input type="checkbox"/> 1/8 DUES CODE 8	<input type="checkbox"/> PER DIEM SUB CODE 9	<input type="checkbox"/> RETIRED CODE 3
NATIONAL CATEGORY						
<input type="checkbox"/> FULL TIME CODE 1 EMPLOYED GREATER THAN 50%		<input type="checkbox"/> PART TIME CODE 2 EMPLOYED 50% OR LESS		<input type="checkbox"/> 1/4 TIME CODE 5 EMPLOYED 25% OR LESS		

I hereby enroll as a member of the above named local organization, the New York State United Teachers and its national affiliate(s), The National Education Association and American Federation of Teachers, AFL-CIO as may be applicable. I understand that my membership will become effective on the first day of the month indicated on the signed enrollment form. Union dues are not deductible as charitable contributions for Federal Income Tax purposes. Dues paid, however, may qualify as business expenses, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code. Dues for membership in NYSUT, AFT (AFL-CIO) and NEA, as may be applicable, are as specified in each respective organization's Constitution and Bylaws, as such may be amended from time to time.

EFFECTIVE MO./YR. / / EMAIL ADDRESS

ARE YOU A CURRENT NYSUT MEMBER?
 NO YES. IF YES, WHERE: _____

HIGHEST LEVEL OF EDUCATION COMPLETED
 SOME HS (1) HS (2) 2 YR DEGREE (3) 4 YR DEGREE (4) MASTERS (5) DOCTORATE (6) OTHER (9)

PLEASE INDICATE THE BEST DESCRIPTION OF YOUR WORK ENVIRONMENT
 ELEMENTARY (1) SECONDARY (2) HIGHER ED (3) HEALTH CARE (4) MUNICIPAL (5) MIDDLE SCHOOL (6)
 SPECIAL ED (7) ADULT ED (8) OTHER (9) PLEASE SPECIFY: _____

PLEASE CHECK THE BOX NEXT TO THE TITLE THAT BEST DESCRIBES YOUR POSITION – PLEASE LOOK AT ALL THE COLUMNS

CERTIFIED/LIC. SCHOOL TITLES	SCHOOL RELATED	HIGHER EDUCATION	MEDICAL
<input type="checkbox"/> Teacher (1) <input type="checkbox"/> Teaching Assistant (2) <input type="checkbox"/> Guidance Counselor (I) <input type="checkbox"/> Librarian (J) <input type="checkbox"/> Psychologist (M) <input type="checkbox"/> Social Worker (O) <input type="checkbox"/> Physical Therapist (Q) <input type="checkbox"/> Occupational Therapist (R) <input type="checkbox"/> Speech Therapist (S) <input type="checkbox"/> Tutor (T) <input type="checkbox"/> Other (9) _____ Specialty _____	<input type="checkbox"/> Teacher Aide (3) <input type="checkbox"/> Building/Grounds Worker (4) <input type="checkbox"/> Bus Driver (5) <input type="checkbox"/> Food Service Personnel (6) <input type="checkbox"/> Admin. Support Staff (7) <input type="checkbox"/> Coach (F) <input type="checkbox"/> Computer Technician (G) <input type="checkbox"/> Custodian/Maintenance (H) <input type="checkbox"/> Mechanic (K) <input type="checkbox"/> Monitor (L) <input type="checkbox"/> Security Guard (N) <input type="checkbox"/> Other (9) _____ Specialty _____	Academic <input type="checkbox"/> Instructor (1) <input type="checkbox"/> Full Time Tenure (V) <input type="checkbox"/> Adjunct. Professor (W) <input type="checkbox"/> Full Time Nontenure (X) <input type="checkbox"/> Assist./Assoc. Professor (Y) Professional <input type="checkbox"/> Admin. Support (7) <input type="checkbox"/> Librarian (J) <input type="checkbox"/> Other (9) _____ Specialty _____	<input type="checkbox"/> Health Care/ General (8) <input type="checkbox"/> Lab Technician (E) Nurse <input type="checkbox"/> RN (C) <input type="checkbox"/> LPN (D) <input type="checkbox"/> CNA (P) <input type="checkbox"/> Occupational Therapist (R) <input type="checkbox"/> Pharmacist (B) <input type="checkbox"/> Physical Therapist (Q) <input type="checkbox"/> Physician (A) <input type="checkbox"/> Psychologist (M) <input type="checkbox"/> Speech Therapist (S) <input type="checkbox"/> Other (9) _____ Specialty _____

NEW YORK STATE UNITED TEACHERS, 800 TROY-SCHENECTADY ROAD, LATHAM, NEW YORK 12110-2455

New York State United Teachers (NYSUT) maintains dual affiliation with the American Federation of Teachers, AFL-CIO and the National Education Association where applicable. Membership in the State and National organizations must come through a local unit of NYSUT.

Membership in NYSUT or any successor organization begins and eligibility for benefits is effective as of the month/year indicated on this signed enrollment form. Membership is continuous and carries over automatically from year to year. Re-enrollment is not necessary unless the member changes employers; except that membership shall be deemed continuous where there is: (a) merger or consolidation of employing entities or governmental units; (b) an accretion of any existing local or bargaining unit; and/or (c) a successor employer. NYSUT reserves the right to recognize continuous membership in any other instance or circumstance.

Membership dues include subscriptions to the publications of NYSUT, AFT and the NEA. NYSUT includes \$12.00 for a subscription to *New York Teacher* for one year. AFT dues include \$20.00 for a subscription to *American Teacher*. NEA dues include a \$4.65 subscription to *NEA Today*.

SIGNATURE Please list any and all professional licenses and/or certificates you hold: _____

A. THIS COPY TO NYSUT

GENERAL