

Alpine Education
 Support Professionals Association
 2014-2015
 Local Chapter Leadership

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 Maintenance Dept
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 E: mrmattpate@yahoo.com

Ricky Montague- President-elect
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For more information, contact:

Name

Location

Phone Number

Email

USEA Website
 useautah.org



Alpine Education Support Professionals Association

Please print in dark ink and return this form to:
 AESPA / USEA Membership
 864 E Arrowhead Lane
 Murray, UT 84107-5211



OR FAX TO: 801-269-9324

NAME (First, Middle, Last)		DISTRICT	WORKSITE NAME
STREET ADDRESS		SOCIAL SECURITY NUMBER (last 4 digits) XXX-XX-	SPECIFIC POSITION (JOB TITLE)
MAILING ADDRESS (if different from street address)		DATE OF BIRTH (MONTH, DAY, YEAR)	DISTRICT EMPLOYEE ID NUMBER
CITY	PERSONAL PHONE (Including Area Code) <input type="checkbox"/> HOME <input type="checkbox"/> CELL		WORK PHONE (Including Area Code)
STATE	ZIP CODE	PERSONAL EMAIL ADDRESS	
ETHNIC GROUP (Optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
GENDER (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male		POLITICAL PARTY (optional) WRITE IN: _____	REGISTERED VOTER (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION <input type="checkbox"/> Building/Grounds Maintenance/Repairs <input type="checkbox"/> Secretary/Clerk/Admin Services <input type="checkbox"/> Custodian <input type="checkbox"/> Food Services <input type="checkbox"/> Security Services <input type="checkbox"/> Technical Services <input type="checkbox"/> Paraeducator (Instructional/Non-Instructional) <input type="checkbox"/> Librarian/Media Specialist <input type="checkbox"/> Special/Developmental Education <input type="checkbox"/> Transportation/Delivery/Vehicle Mechanics <input type="checkbox"/> Other _____ Revised: 12/11/13			
HOURS WORKED PER WEEK		WORK DAYS PER YEAR	
<input type="checkbox"/> More than 20 hours per week		<input type="checkbox"/> 0 - 199 days (9 months)	
<input type="checkbox"/> More than 10 hours - 20 hours per week		<input type="checkbox"/> 200 - 219 days (10 months)	
<input type="checkbox"/> 10 hours or less per week		<input type="checkbox"/> 220 - 239 days (11 months)	
		<input type="checkbox"/> 240 + days (12 months)	
FOR OFFICE USE ONLY			

I hereby apply for membership in the Alpine Education Support Professionals Association and in its state and national affiliates.

I hereby authorize the District to deduct dues for the Alpine Education Support Professionals Association and its state and national affiliates as may be established and certified from time to time by those organizations, from my pay each month and to remit those dues to USEA. I hereby designate AESPA and its state and national affiliates as my exclusive bargaining representatives.

By signing this application I understand and agree that: this authorization to deduct dues may be revoked by submitting a written revocation to the District; such revocation does not terminate membership in AESPA or in its state or national affiliates or the obligation to pay monthly dues, and; my membership in AESPA and its state and national affiliates continues until a written notice of cancellation is received at the main office of USEA or until it is otherwise terminated pursuant to bylaws, policies, or procedures of those organizations.

Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, USEA or any of their affiliates. This information will be kept confidential. 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.

APPLICANT'S SIGNATURE	DATE	ENROLLED BY (please print full name)
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