



## Laredo United TSTA/NEA

# 2024-25 Early Enrollment Form

**JOIN**  
now and pay no  
dues until next school year!

Return completed form (1) to your Association Rep, (2) call Wayo @ 956-602-9478, (3) via fax to 512-486-7052,  
or (3) via US Mail to TSTA / Attn: Member Records / 8716 N Mopac Expwy. Austin TX 78759.  
Join online today at [www.mytsta.org](http://www.mytsta.org). Questions? Please call 1-877-ASK-TSTA. Thank you!

Name \_\_\_\_\_ Employee ID (if known) \_\_\_\_\_

Address \_\_\_\_\_ Date of birth (month, day, year) \_\_\_\_\_

City \_\_\_\_\_ Date of hire (month, day, year) \_\_\_\_\_

State/Zip \_\_\_\_\_ Year entered the profession (year) \_\_\_\_\_

Personal Email \_\_\_\_\_ Name of ISD Laredo ISD \_\_\_\_\_

Work Email \_\_\_\_\_ Local Association Laredo United TSTA/NEA \_\_\_\_\_

Cell Phone (w/area code) \_\_\_\_\_ Campus/Worksite \_\_\_\_\_

Home Phone (w/area code) \_\_\_\_\_ Position (i.e. teacher, librarian, bus driver, etc.) \_\_\_\_\_

Last four digits of SSN \_\_\_\_\_

✓	ANNUAL DUES AND CONTRIBUTIONS	AMOUNT
1.	Professional Dues—TSTA/NEA (Active)	<b>\$53.50 / 12 pmts</b>
2.	Educational Support Dues (Full-time) (more than 20 hours/week)	<b>\$29.25 / 12 pmts</b>
3.	Educational Support Dues (Part-time) (up to 20 hours/week)	<b>\$17.15 / 12 pmts</b>
4.	NEA Fund for Children and Public Education (suggested amount \$15.00) <b>(Optional)</b>	<b>\$1.25 / 12 pmts</b>
5.	TSTA-PAC (see disclaimer below) <b>(Optional)</b>	<b>\$0.75 / 12 pmts</b>
6.	Region Dues	<b>(Included in above amounts)</b>
7.	Local Association Dues	<b>(Included in above amounts)</b>
TOTAL DUES AND CONTRIBUTIONS*		
NOTE: Membership must include local and region dues if eligible.		

#### ETHNICITY/GENDER

- American Indian/Alaska Native       Native Hawaiian/Pacific Islander  
 Black       Unknown  
 Hispanic       Multi-ethnic  
 Caucasian (not of Spanish Origin)       Other  
 Asian

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

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

#### METHOD OF PAYMENT/PAYROLL DEDUCTION AUTHORIZATION (BELOW)

I hereby authorize the Laredo ISD School District to deduct the total amount of the annual obligation as set by the appropriate Association governance bodies in 12 equal payments in order to pay my dues to the professional associations and organizations listed and for political action contributions indicated. The authorization will continue in effect for the 2024-25 school year and future years, including any increase that may occur, until I give written cancellation notice to the local or TSTA. The Local Association or TSTA will notify school district officials of the annual dues amounts for all levels of the Association each year.

The TSTA Political Action Committee (TSTA-PAC) and the NEA Fund for Children and Public Education (NEA Fund) collect voluntary contributions from Association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of pro-public education candidates for office. Contributions are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Only Association members, staff and their immediate families who are U.S. citizens or lawful permanent residents may contribute. Although the NEA Fund requests an annual contribution of \$15, and TSTA-PAC requests an annual contribution of \$9.00, these are only suggestions. Members 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, TSTA, or affiliates.

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

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. State law requires the same regardless of amount for each individual who contributes in a reporting period.

Membership is open only to those who agree to subscribe to the goals and objectives of the Association and to abide by its constitution and bylaws. As a participant in the Texas State Teachers Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive – prior to September 1, but in no event before April 1, 2024 — benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits Programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2024-2025 membership year in accordance with established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2024.

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

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

**Employment Defense:** In general, in order to be considered for legal services for job protection, membership is required for at least 30 days before the member knew or should have known of the events or occurrences leading up to the action complained about. Pre-existing conditions will not be pursued, except by discretion of TSTA.

**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.**

MEMBER SIGNATURE

DATE

REFERRED BY