



2011-2012
MEMBERSHIP APPLICATION

www.thescea.org

www.nea.org

LOCAL EDUCATION ASSOCIATION

SCHOOL DISTRICT

WORK LOCATION

SOCIAL SECURITY NUMBER		WORK PHONE ()	CELL PHONE ()
HOME E-MAIL ADDRESS			HOME PHONE ()
NAME	FIRST	MIDDLE	LAST
ADDRESS			
CITY			
STATE		ZIP	

MEMBERSHIP TYPE	MONTHLY AMOUNT
*NEAPCPE SUGGESTED (\$15.00)	
TOTAL	

DATE OF BIRTH	ETHNICITY	GENDER	WERE YOU EVER A MEMBER? YES <input type="checkbox"/> NO <input type="checkbox"/>
POSITION	HIRE DATE MO DAY YR	ARE YOU A FIRST YEAR TEACHER? YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE YOU EVER A STUDENT MEMBER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DO YOU TEACH ADULTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	SUBJECT YOU TEACH
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***NEAPCPE DISCLAIMER:** The National Education Association Fund for Children and Public Education collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to The NEA Fund for Children and Public Education 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. Although The NEA Fund for Children and Public Education requests an annual contribution of \$15, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. Contributions or gifts to The NEA Fund for Children and Public Education 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.

Federal law prohibits The NEA Fund for Children and Public Education from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

In accordance with The SCEA Bylaws, contributions to The SCEA Political Action Fund have been assessed with The SCEA dues. Any member wishing not to contribute must contact The SCEA in writing for a \$10.00 refund. **IRS Language: 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. However, \$27.21 of your dues is not deductible (\$10.00 for PAC and \$17.21 for lobbying.)**

PAYMENT OPTIONS: Cash (Personal Check/Money Order) Visa MasterCard (Check here for Full Payment Only)

check here for Monthly Payment Plan for Visa or Master Card

VISA Cardholder Name: _____ Expiration Date: _____
 MasterCard Account No: _____ Three-digit Security Code from back of Card: _____

Sign me up on The SCEA Payment Plan for Visa or MasterCard. I authorize The SCEA to make (circle # of payment (s) 1 2 3 4 5 6 7 8 9 10 11 12 equal deduction(s) on my charge card beginning in the month of _____. This authorization shall continue each year until I notify The SCEA on the appropriate form (contact The SCEA office for form) to discontinue my membership in such time and in such manner as to afford The SCEA reasonable opportunity to act on it. Your dues payment will be assessed to your charge card on or about the **15th of each month**. A customer has the right to have erroneous debit immediately credited to their account by **The SCEA** up to five (5) days following issuance of statement of account or ten (10) days after the charge, whichever comes first.

The SCEA Easy pay System/Electronic Funds Transfer (EFT)

Sign me up on The SCEA Easy Pay Plan. Attached is a voided personal check from checking account from which I request and authorize The SCEA to make (circle # of deduction(s) 1 2 3 4 5 6 7 8 9 10 11 12 equal deduction(s) from my checking account, beginning in the month of _____. (Checking accounts are drafted September through August).

Such request and authorization with no refund shall continue each year until I notify the SCEA on the appropriate form (contact The SCEA office for form) to discontinue my membership. This authorization shall permit and accept any changes in the amount of dues adopted by the governing body prior to first withdrawal for which The SCEA will send notice to the address it has on file for me.

I hereby authorize The SCEA to initiate debit entries to my checking account indicated below and the bank name below, hereinafter-called **BANK**, to debit the same to such account. I will not hold my **BANK** liable for any erroneous debits made by THE SCEA.

This authorization is to remain in full force and effect until **BANK** has received notification from me of its termination in such time and in such manner as to afford **BANK** a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification on to **BANK** prior to charging account. After account has been charged, a customer has the right to have amount of the erroneous debit immediately credited to their account by **BANK** up to fifteen (15) days following issuance of statement of account or forty-five (45) days after the charge, whichever comes first.

Bank Name _____ Transit No. _____ Account No. _____

Years of Experience _____
Member Signature _____
Date _____

FOR RECRUITERS ONLY	
Date Received _____	
Recruiter Name _____	

APPLICATION MUST BE SIGNED – DUES ARE NOT REFUNDABLE

Please deliver to your Association Representative or mail to: The SCEA – 421 Zimacrest Drive – Columbia, SC 29210 • (803) 772-6553 or 1-800-422-SCEA Exts. 4137 or 4138

ATTACH VOIDED CHECK HERE

Membership Information 2011-2012

Code	Membership Type	NEA	The SCEA	Total
AC-0-100	Active Professional FT	\$ 178.00	+ \$ 239.00	= \$ 417.00
AC-0-50	Active Professional PT	\$ 99.00	+ \$ 124.50	= \$ 223.50
ES-0-100	Educational Support Personnel FT	\$ 106.50	+ \$ 124.50	= \$ 231.00
ES-0-50	Educational Support Personnel PT	\$ 63.50	+ \$ 67.25	= \$ 130.75
SB-0-0	Substitute	\$ 15.00	+ \$ 67.25	= \$ 82.25
AS-0-0*	Associate*	\$ 0.00	+ \$ 124.50	= \$ 124.50
SF-0-0	The SCEA Staff	\$ 79.00	+ \$ 124.50	= \$ 203.50
RS-1-0	Reserve (Former Active Professional)	\$ 79.00	+ \$ 239.00	= \$ 318.00
RS-2-0	Reserve (Former Educational Support)	\$ 43.50	+ \$ 124.50	= \$ 168.00
SB-0-0	Students	\$ 15.00	+ \$ 4.50	= \$ 19.50

* Please add NEA, The SCEA, and your LEA dues in the boxes marked "amount". Your LEA dues will depend on where you are employed. (See Schedule of Local Dues Amount below.)

* Please list your membership type. (Type AC-0-100 Active Certified, Type ES-0-00 Education Support Personnel, etc.)

*Note that there are no LEA dues for these members. NEA no longer has Associate Memberships.

* If you are a student, call 1-800-422-SCEA, for your chapter dues, if any.

* For information on Retired membership please call The SCEA 1-800-422-SCEA, Ext. 4150 or (803)551-4150.

Legal Protection for Employment Matters: An individual whose membership was paid in full for the previous year shall be granted legal services on a continuing basis through October 15th of the new Association year.

* A new employee shall have a grace period of 30 days from the effective date of employment to join The SCEA in order to receive legal assistance.

* An individual joining the Association after October 15th or a new employee joining after the 30-day grace period must be a member for 30 days prior to receiving assistance from the Association.

Example only - please check below for the exact amount of your local association dues.

	Type	Annual Amount
NEA	AC-0-100	\$178.00
The SCEA	AC-0-100	\$239.00
LEA	AC-0-100	\$ 10.00

POSITION	CODE
Administrator**	ADMN
Bus/Truck/Van Driver	BTVD
Coach	COCH
Cook/Food Preparation	COOK
Counselor	CNSL
Custodian	CUST
Instructional Specialist	INSP
Library Assistant Technical	LIAS
Physical Therapist	PHTH
Principal/Asst. Principal**	PRIN
Psychologist	PSYC
Registered Nurse	RGNU
Secretary/Clerk/Admin Services	SCOT
Social Worker	SCWK
Special Ed. Assistant	SEDA
Speech/Hearing Therapist	SHTH
Teacher (Classroom)	CLTR
Teacher Asst (Aide)	TIPA
Other	OTHR
Adult Educator	ADED
Literacy Coach	LITC

**Directly hires, evaluates, transfers, disciplines or dismisses

PUBLICATION LANGUAGE: The total NEA dues include \$5.65 for NEA TODAY, \$3.40 for TOMORROW'S TEACHERS, and \$5.60 for higher education publications. Publications received by members are based on membership category.

Ethnicity	Codes
American Indian/Alaska Native	01
African American	03
Hispanic	04
Caucasian (Not Spanish Origin)	05
Asian	06
Native Hawaiian/Pacific Islander	07
Multi-Ethnic	08
Other	09
Unknown	UNK

Gender	Codes
Female	F
Male	M

The SCEA drafts a maximum of twelve (12) payments per membership year (September-August). A payment status sheet will be mailed verifying the deduction dates, number of payments, and amount of deductions.

The SCEA Easy Pay/RET Deduction Schedule

Max. No# of Payment(s)	Deadline for Date Processing	Deduction Date
12	08/26/11	09/02/11
11	09/26/11	10/03/11
10	10/26/11	11/02/11
9	11/25/11	12/02/11
8	12/16/11	01/03/12
7	01/26/12	02/02/12
6	02/26/12	03/02/12
5	03/26/12	04/02/12
4	04/25/12	05/02/12
3	05/26/12	06/04/12
2	06/25/12	07/02/12
1	07/26/12	08/02/12

LOCAL	DUES	LOCAL	DUES
ABBEVILLE	\$10/\$5	GEORGETOWN	\$10
AIKEN	\$15	GREENVILLE	\$50/\$10
ALLENDALE	\$10/\$7	GREENWOOD	\$10
ANDERSON 1	\$20	HAMPTON	\$6/\$3
ANDERSON 2	\$10	HORRY	\$20
ANDERSON 3	\$15/\$10	IRMO-CHAPIN	\$25
ANDERSON 4	\$10	JASPER	\$10
ANDERSON 5	\$10	KERSHAW	\$10
BAMBERG	\$15	LANCASTER	\$10/\$5
BARNWELL	\$15/\$7.50	LAURENS	\$8
BATESBURG/LEESVILLE	\$10/\$5	LEE	\$30
BEAUFORT	\$10/\$5	LEXINGTON#1	\$8/\$4
BERKELEY	\$16	LEXINGTON#2	\$10/\$5
BLACKVILLE	\$10/\$5	MARION	\$15
CALHOUN	\$10	MARLBORO	\$10
CEDAR SPRINGS	\$23	MCCORMICK	\$10
CHARLESTON	\$30	NEWBERRY	\$20
CHEROKEE	\$25	OCONEE	\$25/\$15
CHESTER	\$10	ORANGEBURG 3	\$10
CHESTERFIELD	\$10	ORANGEBURG 4	\$10
CLARENDON	\$11	ORANGEBURG 5	\$15
COLLETON	\$20	PALMETTO CORR.	\$11
DARLINGTON	\$10	PICKENS	\$15
DENMARK-OLAR	\$12	RICHLAND	\$60
DILLON	\$10/\$5	SALUDA	\$10
DORCHESTER	\$10/\$5	SPARTANBURG	\$50/\$20
EDGEFIELD	\$10	SUMMERVILLE	\$10
FAIRFIELD	\$15	SUMTER	\$10
FLORENCE 1	\$12	UNION	\$10
FLORENCE 2 & 5	\$10	WILLIAMSBURG	\$15/\$7.50
FLORENCE 3&4	\$10/\$5	WILLISTON	\$10/\$5
GASTON/SWANSEA	\$10/\$5	YORK	\$13/\$1

Service Contact Numbers

Local	803-772-6553
Toll Free	800-422-7232
Richland County	803-551-4133 803-551-4134
Member Advocacy	864-641-7272 800-422-7272 ext 4004
Email	help@thescea.org