



educatorsfirst.org | 678.881.0844 | f 678.401.0394

EDUCATORS**FIRST**^{Inc.}

First in Advocacy

MEM BER SHIP APPLICATION

Confidence is easy when you enjoy the best in must-have benefits, bi-partisan political advocacy, and superior customer service, all for **50%** than a traditional union.

50%
LESS!

EDUCATORSFIRST is a non-profit educator advocacy organization that provides attorneys, liability protection, appeals assistance, your very own representative, and much more.

JOIN NOW!

PLEASE COMPLETE FORM ON REVERSE SIDE.
All fields are required unless otherwise stated.
SIGN AND FAX, MAIL, or GIVE TO EF REPRESENTATIVE.



NEW MEMBER INFORMATION

First Name **Last Name**

Home Address

City **ST** **Zip**

School **System**

Title/Position **Grade/Subject**

Please Circle: **Certified/Non-Certified** **Phone Number**

Please Circle: **Full-Time/Part-Time?** **e-Mail Address**

Please Circle: **Tenured/Non-Tenured?** **Representative referred by:**

Exp. in years?

Please select the appropriate membership type and monthly or annual deduction below:

<input type="checkbox"/>	NEW TEACHER SPECIAL <small>First Year Teachers Only**</small>	<input type="checkbox"/>	\$14.75/Mo	or	\$149 Ann.*	<input type="checkbox"/>
<input type="checkbox"/>	CERTIFIED MEMBERSHIP <small>Teachers, Administrators, Classified Supervisors</small>	<input type="checkbox"/>	\$29.50/Mo	or	\$299 Ann.*	<input type="checkbox"/>
<input type="checkbox"/>	CLASSIFIED MEMBERSHIP <small>Paraprofessionals, Custodians, Bus Drivers</small>	<input type="checkbox"/>	\$14.75/Mo	or	\$149 Ann.*	<input type="checkbox"/>

Please list any pre-existing or ongoing employment, professional discipline, or legal concerns (Pre-existing issues require approval for membership. Discipline or sanction issues require Educators First indemnification):

How I will pay my dues: (please select method of payment)
Payroll Deduction (Monthly installment)

SS # **Empl. ID #**

Bank Draft (Must attach voided check) **Account type**
 Bank Name **Checking** **Savings**
Routing # **Acct #**

Credit Card (Annually in advance or Monthly Installment) **Indicate CC Type:**
CC# **Exp. MM** **YY**

OPTIONAL Demographic Information (survey only):

Gender **Ethnicity** **Political Affiliation**

I hereby authorize the above school system/bank/credit card company to deduct the full amount of my annual organizational dues in 12 equal monthly payments, or as otherwise specified. Each monthly payment includes a refundable contribution of up to \$1/month to the bi-partisan Educators First PAC. To remove myself from the voluntary PAC, I will contact the Educators First office in writing. I understand that the above rates are subject to change on an annual basis. I understand that I have signed a contract to pay the total amount due for the entire 12 month membership year, and for each year hereafter, until I terminate my membership in writing with at least 90 days paid, advanced, notice, after completing the first year. I also understand that certain membership benefits may not begin until after my first dues payment has cleared. Paid membership includes defense attorney coverage, up to the equivalent of \$10,000 in attorney fees, provided by the network attorney for covered employment related matters, including suspension or termination hearings. Some exclusions may apply. Paid membership also includes; non-attorney representation in local disciplinary matters, assistance with complaints, grievances, rebuttal letters, evaluation appeals, general employment advice, bi-partisan advocacy, and expert consultations regarding all personnel matters.

I understand that the terms of my membership require that I act professionally and in good faith, while reasonably performing my duties within the the scope of my employment. Pre-existing conditions, prior incidents, malicious criminal acts, willful wrong-doing, or intentional misconduct, may result in reduced defense attorney coverage. Educators First does not discriminate on the basis of race, color, gender, marital status, sexual preference, religion, national origin, age, disability, or as otherwise prohibited by law. Educators First reserves the right to refuse or cancel membership for any lawful business reason.

I understand that I must contact my district's payroll department directly should I choose to cancel any ongoing payroll deductions for other organizations, and that Educators First is not allowed to cancel my memberships to other organizations.

*Annual membership dues are paid in advance.
** "First Year Teachers" includes brand-new teachers with less than 1 year of teaching experience.

By signing below, I understand and agree to the terms stated above.

Signature **Date**

PLEASE SEND COMPLETED FORM TO EDUCATORS FIRST VIA FAX, MAIL, e-MAIL or GIVE TO EF REPRESENTATIVE.

FAX (this form) 678.401.0394 **MAIL** 125 Townpark Drive, Suite 300, Kennesaw, GA 30144 **e-Mail** dana@educatorsfirst.org **Online** educatorsfirst.org

