

To ensure **LIABILITY COVERAGE**, please print responses, complete and sign form.

You can join Student PSEA online with credit card payment. Go to [www.psea.org/student](http://www.psea.org/student)

SSN # (last four digits) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

**Permanent Residence**

School Email \_\_\_\_\_

Street \_\_\_\_\_

Personal Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College or University \_\_\_\_\_

Campus Branch (if applicable) \_\_\_\_\_

**College Status**

- Freshman 701
- Sophomore 702
- Junior 703
- Senior 704
- Graduate 705
- Other 706

**Ethnic Classification**

PSEA is committed to assuring the equitable representation of members of ethnic minority groups at all governance levels of the Association. To help achieve this goal, completion of this section is strongly encouraged. Failure to do so, however, will not affect your membership status, rights or benefits in NEA, PSEA, the local or any of their affiliates. Ethnic minority shall mean those persons designated as ethnic minority by the U.S. Bureau of Census. ***This information will be kept confidential.***

- 05 Caucasian
- 01 American Indian/Alaska Native
- 02 Asian
- 03 Black
- 04 Hispanic
- 06 Biracial
- 07 Multiethnic
- 08 Native Hawaiian or other Pacific Islander

**Payment Type**

Check # \_\_\_\_\_ Amount \_\_\_\_\_

or

Credit Card # \_\_\_\_\_

3 or 4 Digit Security Code \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_

X \_\_\_\_\_

**Party Affiliation**

- Republican
- Democrat
- Independent
- Other
- None

**Gender**

- Male  Female  Non-binary

PURCHASER SIGN HERE FOR CREDIT CARD AUTHORIZATION

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

You may enroll for the current membership year for \$30. By enrolling now for additional years, you enjoy increasing savings over the regular annual dues amounts. You also protect yourself from possible future dues increases and eliminate the need to renew your membership each year. Please enroll only for the number of years you expect to remain eligible for Student membership. When you obtain your license and begin teaching professionally, you become eligible for Active membership. At that time, you will enroll through the school district where you are employed. We are unable to refund prepaid dues for later years if you change career plans, nor can we apply prepaid Student dues toward Active membership. Also, prepayment is for consecutive membership years as shown below. You cannot skip years and ask to apply prepaid membership to a later year.

**Join for multiple years and Save money**

*Unified membership is required*

SAVINGS	\$30	\$17	\$7	
	4 Year (9/1/24 - 8/31/28)	3 Year (9/1/24 - 8/31/27)	2 Year (9/1/24 - 8/31/26)	1 Year (9/1/24 - 8/31/25)
NEA	40	33	25	15
PSEA	26	22	16	9
Campus	24	18	12	6
<b>Total Dues</b>	<b>\$90</b>	<b>\$73</b>	<b>\$53</b>	<b>\$30</b>
<b>Choose One</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BY PROVIDING MY PHONE NUMBER, I UNDERSTAND THAT THE PENNSYLVANIA STATE EDUCATION ASSOCIATION (PSEA), AND THE LOCAL ASSOCIATION MAY USE AUTOMATED CALLING TECHNIQUES AND/OR TEXT MESSAGE ME ON MY CELLULAR PHONE ON A PERIODIC BASIS. PSEA AND THE LOCAL ASSOCIATION WILL NOT CHARGE FOR TEXT MESSAGE ALERTS. CARRIER MESSAGE AND DATA RATES MAY APPLY. I UNDERSTAND THAT I AM NOT REQUIRED TO AGREE TO AUTOMATED CALLING TECHNIQUES AND/OR TEXT MESSAGES AS A CONDITION OF MEMBERSHIP. IF AT ANY POINT YOU NO LONGER WISH TO RECEIVE TEXT MESSAGES OR CALLS, PLEASE SEND AN EMAIL REQUEST TO [optout@psea.org](mailto:optout@psea.org).

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

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_