

Your Partner. Your Advocate. Your Association.

Education Support Professionals

FIRST NAME _____		MIDDLE NAME _____	
LAST NAME _____		DOB (MM/DD/YYYY) _____ / _____ / _____	
WORK SITE _____			
EMPLOYER _____			
CELL PHONE (____) _____ - _____		<input type="checkbox"/> Get NEA Mobile Alerts <i>Msg & data rates may apply. 4 msgs/month.SMS terms at nea.org/terms.</i>	
PERSONAL EMAIL _____			
HOME ADDRESS _____			
CITY _____		STATE _____	ZIP CODE _____
POSITION <input type="checkbox"/> Clerical Service <input type="checkbox"/> Custodial & Maintenance		<input type="checkbox"/> Food Service <input type="checkbox"/> Health & Student Service <input type="checkbox"/> Paraeducators <input type="checkbox"/> Security Services	
		<input type="checkbox"/> Skilled Trades <input type="checkbox"/> Technical Service <input type="checkbox"/> Transportation	

1) How long have you been an education support professional:

- First Year
- 1-5 years
- 6-10 years
- 10+ years

2) I am:

- Already a member
- Joining the Association today
- I would like more information about membership

3) What areas of support would be most useful to help you and your students succeed?

- Student Behavior
- Classroom Management
- Access to mentors and/or coaches
- Professional Development Programs or Trainings

4) Which of the following issues are most important to you?

- Conditions in the Workplace
- Social and Racial Justice
- Parental and Community Engagement
- Education Policy (*testing, student loans, etc.*)
- Respect and Recognition
- Wages and Benefits
- Meeting the needs of students in poverty

5) Which of the following tools are most valuable to you?

- Student Bullying and Suicide Prevention
- Degrees Not Debt
- Child Nutrition
- Whole Student Education Tools
- Special Education
- Privatization/ Outsourcing
- Communications and Advocacy Training



Official Use ONLY:

Leader ID

Worksite ID