Application by Local NEA Affiliate to Participate in AFL-CIO/NEA Labor Solidarity Partnership Agreement





The NEA local affiliate (or other eligible entity) identified below ("LA") hereby applies to participate in the AFL-CIO/NEA Labor Solidarity Partnership program ("LSP"). The LA understands that such participation will be in accordance with the terms and conditions set forth in the AFL-CIO Labor Solidarity Partnership Agreement.

1. Name of LA:	
2 Street address of LA:	
	State:Zip Code:
-	Email Address:
3. Name of AFL-CIO local central labor counci	l(s) of which LA seeks to become a member:
4. Name(s) of school district(s) or other employ	ver(s) that employs Active members of LA:
5. Number of Active members of LA as of end	of last completed membership year:
6. The request of an LA to participate in the L	LSP must be made by action of a governing body of the LA:
Name of LA governing body taking action	:
Attach copy of action taken or quote actio	n taken below:
7 If I A contact person for purposes of I SP is	s someone other than person completing this application, please provide the
following information:	someone other than person completing this application, piease provide the
	Position with LA:
	Email address:
8. Signature of president or other chief execu	utive officer of LA:
Type or print name:	Title:
Telephone number:	Email address:
This application must be approved by the LA	's state affiliate before the document can be forwarded to the AFL-CIO. If the form
has not been approved prior to receipt at the	NEA, NEA staff will confirm state approval.
Name of state official approving application	on:
State Affiliate Position:	Date of State Approval:

The completed application can be mailed or emailed to Sabrina Tines, Director, NEA Center for Governance, <a href="mailed-emai

NATIONAL EDUCATION ASSOCIATION; 1201 16th Street, N.W., Suite 801, Washington, DC 20036.

Need help? Contact Sabrina Tines at satines@nea.org.