

MEMBERSHIP TRANSMITTAL FORM

Send To: Illinois Education Association-NEA
100 East Edwards Street
Springfield, IL 62704-1999
Attn: Membership Processing

Date: _____

From: _____
Local Association

Submitted by:

INSTRUCTIONS

1. Include all enrollment forms, rosters, deletes and data changes with this transmittal.
2. Double-check all materials for completeness and accuracy before forwarding.
3. Forward to Springfield Office.
4. Maintain a copy for your files.

Name

Address

City, State Zip Code

Telephone

E-mail Address

Number of New Enrollments: _____

Number of Transferred Enrollments: _____

Number of Deleted Members: _____

Number of NEW Fee Payers (Fair Share): _____

Billable Party ID#: _____

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Employer ID#: _____

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Remarks:

