

MEMBERSHIP TRANSMITTAL FORM

BEFORE October 31, 2016
YOUR REGION OFFICE

Send to:

AFTER October 31, 2016
Illinois Education Association-NEA
100 East Edwards Street
Springfield, Illinois 62704-1999
Attn: Membership Processing

Date: _____

From: _____
Local Association

Submitted by:

Name

Address

City, State, Zip Code

Telephone

Home E-mail Address

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. **BEFORE** October 31st forward to "Your Region Office," **AFTER** October 31st forward to Springfield Office
4. Maintain a copy for your files.

Number of New Enrollments:	_____
Number of Transferred Enrollments:	_____
Number of Dropped Members:	_____
Number of NEW Fee Payers (Fair Share):	_____

Billable Party ID#:

--	--	--	--

Final Fall Changes

_____ YES, these are my local's FINAL fall changes

If at any time during the year you need an Excel or PDF roster, please email your membership processor.

Employer ID#:

--	--	--	--	--	--	--	--

Remarks:

