



2010-2011 SUBSTITUTE MEMBERSHIP

A teacher or educational support professional employed on a **day-to-day basis in a non-continuous position** is eligible for Substitute Membership. Substitute members do not have voting or governance rights. Teachers employed as long term substitutes in a continuous, contractual position over 30 days are members of the bargaining unit and assessed unified active dues. Educational support professionals employed as long term substitutes in a continuous, contractual position over 66 days are members of the bargaining unit and assessed unified active dues.

Substitute membership dues in the amount of \$55 provide membership in the American Federation of Teachers, the National Education Association and Education Minnesota and include the following benefits:

\$1 Million Professional Liability Insurance Coverage

Substitute members receive professional liability coverage for employment-related student injury suits in all districts where they substitute on a day-to-day basis.

Professional Development

Workshops available at the annual Professional Conference.

Employment Related Legal Services

Field Staff Assistance - 15 Field Office/Service Centers

National and State Publications

Member Benefits

ESI sponsored member benefit programs and services: Financial/Retirement Planning Services, Mortgage/Realty Services, Auto/Home Insurance, Long Term Care Insurance, Medicare Supplements, Identity Theft, Auto Buying/Leasing, Credit Card, Discount Travel, BOSE®, Apartment Leasing/Vacation Rental Discounts. Additional benefits: online discounts through Access to Savings, credit union membership, NEA and AFT+ member benefits.

To apply for Substitute membership, please complete and detach the application below and mail with a check in the amount of \$55 payable to Education Minnesota to the following address. Retain the upper portion for your records.

Education Minnesota ▪ Membership Department ▪ 41 Sherburne Avenue ▪ St Paul MN 55103-2196



EDUCATION MINNESOTA 2010-2011 SUBSTITUTE MEMBERSHIP APPLICATION

Name _____

Address _____

City, State Zip _____

Home Phone () _____ **Social Security Number** _____

Email _____

Select One: Teacher/Faculty Educational Support Professional (ESP)

I understand that this membership is in force for the membership year (9/1/2010 through 8/31/2011) and that I am obligated to pay unified dues as established by Education Minnesota.

Signature

Date