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 Stroot address of LA:	
	State: Zip Code:
-	Email Address:
3. Name of AFL-CIO local central labor council(s) of which LA seeks to become a member:
4. Name(s) of school district(s) or other employe	er(s) that employs Active members of LA:
5. Number of Active members of LA as of end of	of last completed membership year:
Name of LA governing body taking action:_	SP must be made by action of a governing body of the LA: taken below:
7. If LA contact person for purposes of LSP is s following information:	someone other than person completing this application, please provide the
Name of contact person:	Position with LA:
	Email address:
8. Signature of president or other chief execut	tive 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 Γ	NEA, NEA staff will confirm state approval.
Name of state official approving application	d
State Affiliate Position:	Date of State Approval:

The completed application can be mailed or emailed to Sabrina Tines, Director, NEA Center for Governance, satines@nea.org or: NATIONAL EDUCATION ASSOCIATION; 1201 16th Street, N.W., Suite 801, Washington, DC 20036

If assistance is needed on completing the form, please contact Mary Alice Heretick at mheretick@nea.org or (202) 822-7304.