

NEA \$ _____
MSEA \$ _____
Local \$ _____
Total \$ _____

FREE! NEA Complimentary Life Insurance! Visit www.neamb.com/complimentary

AND _____
EMPLOYEE ID NUMBER **REQUIRED** Last 4 digits of Social Security No.

FIRST NAME M.I. LAST NAME

 Mr. Miss Dr.
 Mrs. Ms.

ADDRESS
CITY STATE ZIP
HOME PHONE CELL PHONE
HOME EMAIL WORK EMAIL

Members are automatically opted in to MSEA's members-only and other newsletters. You may opt out at any time by clicking the unsubscribe link found in every email. How would you like to receive your MSEA ActionLine magazine? Print Digital copy (email)

ETHNICITY (Optional) American Indian/Alaska Native Asian Black Caucasian (not Hispanic origin)
 Hispanic Native Hawaiian/Pacific Islander Multi-Ethnic Other Unknown

DATE OF BIRTH HIRE DATE
____/____/____ MONTH DAY YEAR MONTH DAY YEAR

Use of Cell Phone By providing my phone number, I understand that the National Education Association, NEA Member Benefits, NEA360, the MSEA and MSEA local affiliates may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. Neither the National Education Association nor any of its affiliates charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages. Text STOPMSEA to 84693 to stop receiving MSEA and MSEA local affiliate messages. Text HELP to 84693 or go to nea.org/terms for more information.

LOCAL
WORK LOCATION
POSITION
SUBJECT

Check your salary level for dues computation:

Over \$42,488 \$21,244-\$42,488
 Below \$21,244

Method of payment:

Payroll deduction (Sign and date below.)
 Cash / Check

Check one:

Full-time (more than .50)
 Part-time (.25 -.50)
 Part-time (less than .25)

Membership Commitment

Yes – I want to join with my fellow employees and become a member of the local affiliate, the Maryland State Education Association (MSEA), and the National Education Association (NEA). I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.

Maintenance of Membership/Dues Deduction Authorization

I authorize continuing payment or deduction of dues from my pay in each pay period a pro rata portion of the annual dues required for membership in my local affiliate, the MSEA, and the NEA. I fully understand that the annual dues required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize deduction of any modified monthly dues established by the governing bodies of the three associations. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to the local affiliate by such time as is designated in my local affiliate's collective bargaining agreement, my local affiliate's policy, or my local affiliate's bylaws; or (b) my employment with the board of education ends. In the event of my separation, the board of education shall deduct the balance of my yearly dues from my final paycheck.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

SIGNATURE _____

DATE _____

Fund for Children and Public Education Contribution Voluntary Authorization

Yes! I want to see our elected officials stand up for public education and my students. I hereby authorize the following contribution to the Political Action Committee of NEA, MSEA, and my Local Association to build a strong voice for educators:

TOTAL PAC PAYROLL DEDUCTION PER PAY PERIOD \$5.00 \$10.00 \$15.00 Other _____

SIGNATURE _____

The NEA, MSEA and applicable local Funds for Children and Public Education collect voluntary contributions from Association members and use those contributions for political purposes, including but not limited to making contributions and expenditures on behalf of friends of public education who are candidates for federal, state, or local office. I understand that I am making a joint contribution and that ten (10) percent of my contribution will go to the NEA Fund, and that the remaining ninety (90) percent will be divided evenly between the MSEA Fund and the local account. Contributions to the Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although The NEA Fund requests a contribution of \$5.00 per pay, this is only a suggestion. A member may contribute more or less than the suggested amount, or not contribute, without affecting his/her membership status, rights, or benefits in NEA, MSEA, or any of MSEA's affiliates.

Contributions to the Fund are not deductible as charitable contributions for Federal or State income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Only U.S. citizens or lawful permanent residents may contribute to the Fund. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

With full knowledge of this information, I agree that my authorization for political action pledges as indicated by the check mark herein and my authorization for payroll deductions, shall continue in force from year to year unless revoked or modified by me giving written notice to my local association.