



# 2018-19 Membership Application

## Personal Information

I'm a first-time member:  Yes  No, \_\_\_\_\_  
IF NO, MTA MEMBER ID

*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. Consult your tax adviser.*

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN (LAST 4 DIGITS) \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELLPHONE\* \_\_\_\_\_

PERSONAL EMAIL ADDRESS \_\_\_\_\_

ETHNICITY \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

POSITION \_\_\_\_\_ HIRE DATE \_\_\_\_\_

**YES** – I want to join with my colleagues and become a member of my local association, the Massachusetts Teachers Association, and the National Education Association. I hereby request and voluntarily accept membership continuing from year to year in these associations, and I agree to abide by the constitution and bylaws of the associations. In order to support the associations' goals and to receive the advantages and benefits of membership, I agree to pay the annual dues in each year of membership. I understand and agree that withdrawal of authorization to deduct dues via payroll is separate and distinct from my voluntary membership commitment and any obligations thereunder.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(local copy)

LOCAL ASSOCIATION NAME \_\_\_\_\_

BARGAINING UNIT \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK/SCHOOL LOCATION \_\_\_\_\_

Payment Information (for office use only)		
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA	_____	_____
MTA	_____	_____
County	_____	_____
Local	_____	_____
<b>TOTAL</b>	_____	_____

\*By providing my phone number, I understand that the MTA and/or NEA may use automatic calling techniques and/or occasionally text message me on my mobile phone. The MTA and the NEA will never charge for text message alerts. Carrier message and data rates may apply.

## Payroll Deduction Authorization

I authorize my public employer,

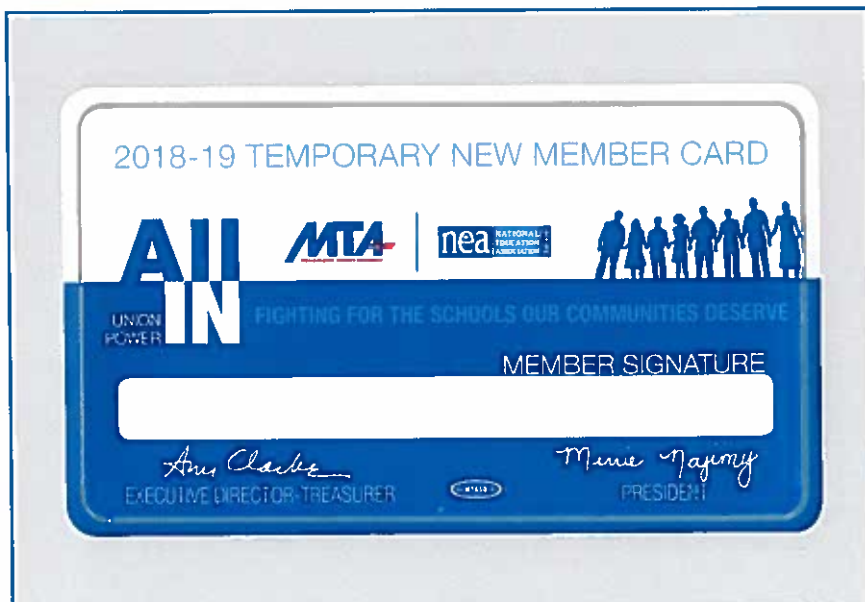
\_\_\_\_\_  
Public Employer  
to deduct in each pay period a pro rata portion of the annual due of the \_\_\_\_\_

Local Association  
the Massachusetts Teachers Association and the National Education Association. I understand that the annual membership dues for the associations are subject to periodic change by the governing bodies of the associations, and I authorize the deduction of modified dues as may apply. This authorization shall continue from year to year unless (a) I revoke this authorization as set forth below or (b) my employment with the public employer ends.

I understand that the specific amount of the current dues of the associations will be certified to the employer each year by my local association treasurer.

I understand that I can revoke this authorization by giving no less than sixty (60) days written notice to my employer.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(employer copy)



(member copy)