

Last four digits of Social Security Number		EMPLOYEE ID #		LOCAL ASSOCIATION	
MR. <input type="checkbox"/> MISS <input type="checkbox"/> DR. <input type="checkbox"/>	FIRST	MIDDLE	LAST		
MRS. <input type="checkbox"/> MS. <input type="checkbox"/>					
ADDRESS					
CITY			STATE	ZIP CODE	
HOME PHONE	CELL PHONE	HOME EMAIL		WORK EMAIL	
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.					
How would you like to receive your MSEA ActionLine magazine? <input type="checkbox"/> Print <input type="checkbox"/> Digital copy (email)					
HIRE DATE	ETHNICITY (optional)	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
WORK LOCATION		POSITION	SUBJECT		
The following information is REQUIRED:					
Have you been a member of NEA in the past?	<input type="checkbox"/> Yes (not eligible for early enrollment – benefits start 9/1/17) <input type="checkbox"/> No		Check One:	<input type="checkbox"/> Employed more than 50% <input type="checkbox"/> Half-time or less	
2017-18 Salary:	<input type="checkbox"/> Over \$42,488		<input type="checkbox"/> \$21,244 to \$42,488	<input type="checkbox"/> below \$21,244	

As a participant in the local association)/Maryland State Education Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive prior to September 1, 2017 (but in no event before April 1, 2017) benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2017-2018 membership year in accordance with established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall be liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2017.

EEL Program coverage from date of signature below (April 1, 2017 through August 31, 2017) is available only to individuals who are joining the Association for the first time as Active members for the 2017-2018 year.

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 _____

REFERRED BY _____ LOCAL ASSOCIATION _____

(See **backside** for Fund for Children and Public Education Contribution Voluntary Authorization)



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 Fund for Children and Public Education of NEA, MSEA, and my Local Association to build a strong voice for educators:

TOTAL PAC PAYROLL DEDUCTION PER PAY PERIOD: \$12.00 \$6.00 \$3.00 \$1.50 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.