

Early Enrollment Spring 2016 Promotion Membership Application

**RETURN APPLICATION
TO YOUR LOCAL
ASSOCIATION**

SSN (all digits are desired, last 4 digits are required)		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	
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 9/1/16) <input type="checkbox"/> No	Check One: <input type="checkbox"/> Employed more than 50% <input type="checkbox"/> Half-time or less
2016-17 Salary:	<input type="checkbox"/> Over \$42,179	<input type="checkbox"/> \$21,089 to \$42,179
	<input type="checkbox"/> below \$21,089	
How would you like to receive your MSEA ActionLine magazine?	<input type="checkbox"/> Print	<input type="checkbox"/> Digitally

As a participant in the local association (see above)/Maryland State Education Association/National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive prior to September 1, 2016 (but in no event before April 1, 2016) 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 2016-2017 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, 2016.

EEL Program coverage from date of signature below (April 1, 2016 through August 31, 2016) is available only to individuals who are joining the Association for the first time as Active members for the 2016-2017 year.

Payroll Deduction Authorization: I hereby agree to become a member of the local association/MSEA/NEA. I further agree that my membership in the three associations is continuous from year to year, unless (a) I resign my membership in writing to my local affiliate by such time as is designated in my local affiliate's collective bargaining agreement or my local affiliate's policy; or (b) my employment with the school district ends. In case of my resignation or termination, the board of education shall deduct the balance of my yearly dues from my final check. In so agreeing, I fully understand that monthly dues and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the three associations and agree to pay any modified monthly dues and assessments established by the governing bodies of the three associations.

Dues payments are not deductible as charitable contributions for federal income tax purposes.

SIGNATURE _____ DATE _____

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 • \$6.00 • \$3.00 • \$1.50 • \$ _____ 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. 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.

REFERRED BY: _____ LOCAL ASSOCIATION: _____



● **RETAIN A COPY FOR YOUR RECORDS**

