

This is your Continuing Membership Application for your Local, the Michigan Education Association and the National Education Association (Associations). Please read carefully.

PLEASE TYPE OR PRINT FIRMLY WITH A BALL POINT PEN.

SOCIAL SECURITY NO. XXX-XX-____		<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> DR		FIRST NAME	M. I.	LAST NAME	SUFFIX	PREFERRED NAME
HOME ADDRESS – STREET						EMAIL ADDRESS (PERSONAL)		
CITY			STATE	ZIP CODE	COUNTY	EMAIL ADDRESS (WORK)		
HOME PHONE ()		WORK PHONE ()		CELL PHONE ()		PREFERRED PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNIC CODE <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> MULTI-ETHNIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)					BIRTHDATE / /		
JOB CLASSIFICATION (CHECK ALL THAT APPLY)								
<input type="checkbox"/> TEACHER/INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> LIBRARY/MEDIA <input type="checkbox"/> THERAPIST <input type="checkbox"/> OTHER ANCILLARY <input type="checkbox"/> PARAPROFESSIONAL/AIDE <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> FOOD SERVICE <input type="checkbox"/> OFFICE PERSONNEL <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SECURITY <input type="checkbox"/> HIGHER EDUCATION FACULTY <input type="checkbox"/> HIGHER EDUCATION SUPPORT STAFF <input type="checkbox"/> OTHER: _____								
NAME OF LOCAL ASSOCIATION (OR EMPLOYER) – NO ABBREVIATIONS PLEASE <input type="checkbox"/> EA <input type="checkbox"/> ESP				BUILDING/WORKSITE			DUES START DATE (MM/YY) /	
ALL INCLUSIVE MEMBERSHIP (AIM) IN MEA/NEA-RETIRED								
All members of MEA/NEA are automatically enrolled in MEA/NEA-Retired unless the box below is checked. The AIM fee is in addition to MEA/NEA dues. <input type="checkbox"/> I do not wish to join MEA/NEA-Retired at this time. I understand that I will not be eligible for any of the benefits of membership in MEA/NEA-Retired.								
PLEASE SELECT ONE PAYMENT OPTION BELOW:								
<input type="checkbox"/> Payroll Deduction — I authorize my employer to deduct Local, MEA and NEA dues, assessments and contributions as may be determined from time to time, unless I revoke this authorization in writing as described below.								
<input type="checkbox"/> Cash/Check Payment — I may pay by check: (a) monthly in 10 (September – June) to align with monthly automated dues deductions by MEA; (b) semi-annually (at least one-half of the dues amount paid by October 31 and the remainder by the last day of February); or (c) in one lump sum by October 31.								

By providing my phone number, I understand that the NEA and its affiliates including the MEA, the Local association, NEA Member Benefits, and NEA 360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, the MEA and the Local association will not charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 80565 to stop receiving messages from MEA; 84693 to stop receiving messages from NEA. Text HELP for more information.

Dues payments to the Local-MEA-NEA are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code and/or the Michigan Income Tax provision. We suggest you consult a tax professional for advice in this regard.

As a participant in the Local, the MEA and the NEA Early Enrollment Membership Incentive Plan, I am eligible to receive, prior to September 1, but in no event before April 1, 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 an amount equal to the appropriate unified Local-MEA-NEA dues, fees and/or assessments for the 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 become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1.

Membership in the Associations is offered on an annual basis, September 1 through August 31, of each year (referred to as “membership year”). The annual financial obligations established by this Agreement accrue on September 1 of each year, but may be paid in installments by electing one of the options above. This annual financial obligation shall continue unless and until I resign membership in writing via U.S. mail sent to MEA, PO Box 51, East Lansing, MI 48826. I understand that the amount of the annual membership dues, fees and/or assessments are subject to adjustment by the governing bodies of the Associations, and I agree to pay any adjusted amounts while this Agreement remains in effect.

MEMBERSHIP TERMS AND CONDITIONS

Yes, I want to join with my fellow employees and become a member of the Local association, the MEA and the NEA. I hereby request and voluntarily accept membership in the Associations and hereby agree to abide by and be bound by the constitutions and bylaws of all three associations as may be amended, available online at www.mea.org. Information on dues amounts, which are subject to change each year, is available at www.mea.org/join.

BY MY SIGNATURE, I indicate that I have read, understand and agree to the terms of this Agreement. I acknowledge that I have not been subject to any duress, intimidation, threats, or coercion in the execution of this Agreement.

SIGNATURE

DATE

FOR OFFICE USE							
ANNUAL BARGAINING UNIT WAGE	NEA DUES CODE	<input type="checkbox"/> 100 EA (51-100% of full load)	<input type="checkbox"/> 50 EA (26-50% of full load)	<input type="checkbox"/> 25 EA (up to 25% of full load)	<input type="checkbox"/> Bargaining Unit Sub		
		<input type="checkbox"/> 100 ESP (20.01 plus hrs/wk)	<input type="checkbox"/> 50 ESP (10.01-20 hrs/wk)	<input type="checkbox"/> 25 ESP (up to 10.0 hrs/wk)			

FIRST NAME	M. I.	LAST NAME
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K-12 Teaching Professional:

- | | | |
|--|---|---|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Special/Developmental Education | <input type="checkbox"/> Speech/Hearing | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Library Media Specialist | <input type="checkbox"/> Reading Specialist | |

Education Support Professional:

- | | | |
|--|--|---|
| <input type="checkbox"/> Clerical Services | <input type="checkbox"/> Paraeducators | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Custodial & Maintenance | <input type="checkbox"/> Security Services | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Skilled Trades | |
| <input type="checkbox"/> Health & Student Services | <input type="checkbox"/> Technical Service | |

Higher Education Professional:

What best describes your job here?

- | | |
|--|---|
| <input type="checkbox"/> Faculty (Full Time) | <input type="checkbox"/> Graduate Teaching/Research Assistant |
| <input type="checkbox"/> Faculty (Part Time) | <input type="checkbox"/> Other Support Staff _____ |
| <input type="checkbox"/> Academic Professional Staff | |

1) What year did you enter the profession?
_____ (YYYY)

2) What areas of support would be most useful to help you and your students succeed?

- Student Behavior / Classroom Management
- Lesson Planning
- Working with Mentors / Coaches, Peer Mentoring
- Working with Families
- Collaborating with Administrators and Colleagues
- Unpacking Professional Expectations (e.g. Evaluations, Observations)

- 3) Which of the issues are most important to you?
- Meeting the Needs of Students with Trauma
 - Student Bullying and Suicide Prevention
 - School Safety
 - Career Development and Planning
 - Social and Racial Justice
 - Meeting the Needs of Students in Poverty
 - Family and Community Engagement
 - Fully Funded Schools, Colleges and Universities
 - Education Policy
 - Political Advocacy
 - Effective Pedagogy

4) Which of these are you interested in learning about?

- Salary
- Educator Rights & Responsibilities
- Health Care Benefits
- Pension and Retirement Security
- Student Debt and/or Finances
- Stretching Your Paycheck
- Working Conditions

MEA-PAC & NEA Fund for Children and Public Education CONTINUING AFFIRMATIVE CONSENT AUTHORIZATION

All education decisions are political decisions. That's why many MEA members make voluntary contributions to MEA-PAC and the NEA Fund, which are used to support pro-public education candidates (your dues dollars cannot be and are not used for contributions to political candidates).

PLEASE PRINT

FULL FIRST NAME	FULL MIDDLE NAME	LAST NAME
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CONTRIBUTION: CHECK ONE

	MEA-PAC		NEA Fund		TOTAL	
<input type="checkbox"/> Suggested contribution	\$95	+	\$25	=	\$120	(\$10 per month for 12 months)
<input type="checkbox"/> <i>Basic contribution</i>	\$50	+	\$10	=	\$60	(\$5 per month for 12 months)
<input type="checkbox"/> <i>Customized contribution</i>	\$_____	+	\$_____	=	\$_____	(\$____ per month for 12 months)

PLEASE SELECT ONE PAYMENT OPTION BELOW:

- EFT** — Complete **ELECTRONIC FUNDS TRANSFER—BANK DRAFT AUTHORIZATION** below.
- Bank Name _____ Account Type (Check One) Checking Savings
- Bank Routing Number (9) Digits _____ Bank Account Number _____
- Credit Card** — Complete **CREDIT CARD AUTHORIZATION** (Visa/Mastercard/Discover/Amex) below.
- Cardholder Name _____ Exp. Date (MM/YY) _____
- Credit Card Number _____ Card Security Code _____

Thank you for your support! 40% of your contribution is rebated back to your local PAC.

The Michigan Education Association Political Action Committee (MEA-PAC) and the National Education Association Fund for Children and Public Education (NEA Fund) collect voluntary contributions from Association members and use those contributions for political purposes including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal, or in the case of the MEA-PAC, state and local office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund and the MEA-PAC. Contributions to the NEA Fund and the MEA-PAC 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 give more or less than the suggested amount of \$120, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in the NEA or the MEA.

I understand that I am making a joint contribution to MEA-PAC and the NEA Fund and that, as part of that arrangement, my contribution will first be applied to the NEA Fund and, once satisfied, the remaining to MEA-PAC, as I have allocated above. This consent and authorization shall remain in effect from year to year unless revoked by me in writing to MEA by the 1st day of any month in which a contribution is scheduled to be taken.

Contributions or gifts to MEA-PAC and/or the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect the name, mailing address, occupation and the name of the employer of individuals whose contributions aggregate in excess of \$200 in a calendar year. Federal law prohibits the NEA Fund from receiving donations from persons other than members of the NEA and its affiliates and their immediate families. All donations from persons other than members of the NEA and its affiliates and their immediate families will be returned forthwith.

MEA-PAC SIGNATURE REQUIRED

	TODAY'S DATE: ____/____/____
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