



# IBL MEMBERSHIP APPLICATION

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

Download, choose "Save As" and fill, sign and save, then print. You can complete this form online at [mea.org/join](http://mea.org/join).

LAST FOUR DIGITS OF SOCIAL SECURITY NO. **XXX-XX-**

**CHECK ONE:** MR MRS MS MISS DR MX

FIRST NAME M.I. LAST NAME

SUFFIX MAIDEN NAME

PREFERRED NAME / NICKNAME BIRTHDATE

**CHECK ONE:** MALE FEMALE GENDER EXPANSIVE TRANSGENDER MALE TRANSGENDER FEMALE

**CHECK ONE:** HE/HIM/HIS SHE/HER/HERS THEY/THEM/THEIR USE NAME

HOME ADDRESS – STREET

CITY STATE ZIP CODE

COUNTY

EMAIL ADDRESS (PERSONAL) EMAIL ADDRESS (WORK)

HOME PHONE W/ AREA CODE WORK PHONE W/ AREA CODE

CELL PHONE W/ AREA CODE\* PREFERRED PHONE: HOME WORK CELL

\* By providing my cell phone number, I understand that the National Education Association (NEA) and its affiliates may use automated calling techniques and/or text message me on a periodic basis. The NEA will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

## ETHNIC CODE

|                               |                                  |
|-------------------------------|----------------------------------|
| AMERICAN INDIAN/ALASKA NATIVE | NATIVE HAWAIIAN/PACIFIC ISLANDER |
| ASIAN                         | MULTI-ETHNIC                     |
| BLACK/AFRICAN AMERICAN        | UNKNOWN                          |
| CAUCASIAN                     | OTHER (SPECIFY)                  |
| HISPANIC/LATINO               |                                  |

## JOB CLASSIFICATION (CHECK ALL THAT APPLY)

|                       |                                |
|-----------------------|--------------------------------|
| TEACHER/INSTRUCTOR    | FOOD SERVICE                   |
| COUNSELOR             | OFFICE PERSONNEL               |
| LIBRARY/MEDIA         | CUSTODIAL                      |
| SOCIAL WORKER         | MAINTENANCE                    |
| THERAPIST             | SECURITY                       |
| OTHER ANCILLARY       | HIGHER EDUCATION FACULTY       |
| PARAPROFESSIONAL/AIDE | HIGHER EDUCATION SUPPORT STAFF |
| TRANSPORTATION        | OTHER (SPECIFY)                |

NAME OF LOCAL ASSOCIATION/EMPLOYER – NO ABBREVIATIONS

EA ESP

BUILDING/WORKSITE

DUES START DATE (MM/YY)

PREVIOUS DISTRICT(S)

**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.

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:**

**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 \_\_\_\_\_

**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.

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.

**EFT/CREDIT CARD TERMS AND CONDITIONS**

I hereby authorize the MEA to deduct from my checking account, savings account or charge my credit card, in accordance with the agreed upon EFT or credit card procedures above, an amount equal to the then current annual dues, fees and/or assessments required for membership in the Local, MEA and NEA on a monthly basis, subject to any adjustments. My authorization for EFT or credit card payments is in full force and effect until I terminate this payment agreement by notifying MEA in writing. I understand my written notification to MEA must be received by the 1st day of the month in order for EFT or credit card payments to be changed in any manner or terminated in that month. The amount of my monthly payment is my annual dues obligation divided by 10 months (September–June). I further agree that if any such withdrawal is dishonored, MEA shall be under no liability whatsoever if such dishonor results in late charges or fees. I also understand that despite any termination of EFT or credit card authorization, I continue to be responsible for membership dues, fees and/or assessments subject to the terms and conditions listed herein.

**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 [mea.org](http://mea.org). *Information on dues amounts, which are subject to change each year, is available at [mea.org/join](http://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 | MEMBER NO. | 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) |   |



Questions about the application? Please contact MEA Membership at [MEAMembership@mea.org](mailto:MEAMembership@mea.org) or the MEA Help Center at 866-MEA-HELP (866-632-4357)

### TELL US MORE:

As an educator, you have a close up view of the opportunities and challenges facing our schools. These questions will help us collectively win for our students and provide you with the tools you need to succeed as an educator.

|  |                             |                           |                          |                     |                        |
|--|-----------------------------|---------------------------|--------------------------|---------------------|------------------------|
| <b>Certified Professionals</b>         | Classroom Teacher           | Coach                     | Counselor                | Librarian           | Occupational Therapist |
|  | Psychologist                | Reading Specialist        | Special/Developmental Ed | Speech/Hearing      |                        |
|  | Administrator               | Other                     |                          |                     |                        |
| <b>Education Support Professionals</b> | Clerical Services           | Custodial and Maintenance | Food Services            |                     |                        |
|  | Health and Student Services | Paraeducator              | Security Services        | Skilled Trades      |                        |
|  | Technical Services          | Transportation            | Other                    |                     |                        |
| <b>Higher Education Professionals</b>  | Academic Professional Staff | Assistant                 | Faculty (Full Time)      | Faculty (Part Time) |                        |
|  | Graduate Teaching/Research  | Other Support Staff       |                          |                     |                        |

What year did you enter the profession?

Your union provides training, support, and tools to ensure your success. What would you like to learn more about?

(Mark all you are interested in.)

- Building relationships and meeting students' social-emotional needs
- Family and community engagement
- Instructional and classroom strategies
- Health and safety
- Social justice and racial equity
- Technology
- Reducing student debt
- Saving money with member benefits

When we work together, we have a stronger voice. How would you like to participate in your union?

(Mark all you are interested in.)

**Membership, Leadership & Advocacy:** Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative or another Association leadership role.

**Collective Action:** Helping get the word out about bargaining or other workplace actions.

**Leading our Professions:** Supporting members to grow in their professional practices.

**Political Activism:** Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.

**School Funding & Education Policy:** Working to increase education funding at my school, district and state.

**Thinking about it:** I'm not ready to volunteer right now but looking forward to staying informed.

OPTIONAL — not related to MEA membership/dues

**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).

FULL FIRST NAME

FULL MIDDLE NAME

LAST NAME

**CONTRIBUTION: CHECK ONE**

|                               | <b>MEA-PAC</b> |   | <b>NEA Fund</b> |   | <b>TOTAL</b> |                                |
|-------------------------------|----------------|---|-----------------|---|--------------|--------------------------------|
| <b>Suggested contribution</b> | \$95           | + | \$25            | = | \$120        | (\$10 per month for 12 months) |
| Basic contribution            | \$50           | + | \$10            | = | \$60         | (\$5 per month for 12 months)  |
| Customized contribution       | \$             | + | \$              | = | \$           | (\$ per month for 12 months)   |

**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: