



2019-2020 Membership Application

Personal Information

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

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 in these associations, which shall continue on a voluntary basis from year to year. I agree to abide by the bylaws and constitutions of the associations. To support the associations' goals and to receive the advantages and benefits of membership, I agree to pay the full annual dues in each year of voluntary membership, owing at the start of each year and payable by payroll deduction, check, or other payment methods if available.

SIGNATURE

DATE

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.

LOCAL ASSOCIATION NAME

BARGAINING UNIT

EMPLOYER

WORK/SCHOOL/COLLEGE LOCATION

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

*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.

(local copy)

Payroll Deduction Authorization

I authorize my public employer,

Public Employer

to deduct in each pay period a pro rata portion of the annual dues of the

Local Association

the Massachusetts Teachers Association and the National Education Association. I understand that 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 be irrevocable for the period of one year from the anniversary date of authorization (unless my employment ends during the payroll year). Said authorization shall continue from year to year unless I revoke it by notifying the treasurer of the local association in writing and filing a copy of said notice with my employer.

Print Name (legibly)

SIGNATURE

DATE

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



(employer copy)