



**Maryland State Education Association
National Education Association
2011-2012 ENROLLMENT FORM**



For Local office use only

NEA \$ _____
MSEA \$ _____
Local \$ _____
Total \$ _____

FREE! NEA Complimentary Life Insurance! Visit www.neamb.com/complimentary

_____ OR _____
SOCIAL SECURITY NO. (Last 4 digits are required) EMPLOYEE ID NUMBER

FIRST NAME		M.I.	LAST NAME		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
ADDRESS					
CITY STATE		ZIP			
HOME PHONE			CELL PHONE		
HOME EMAIL			WORK EMAIL		
As a benefit of membership, members are automatically opted in to MSEA's members-only and other enewsletters. You may opt out at any time by clicking the unsubscribe link found in every email.					
ETHNICITY (Optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other					
DATE OF BIRTH			HIRE DATE		
_____/_____/_____ MONTH DAY YEAR		_____/_____/_____ MONTH DAY YEAR			

LOCAL ASSOCIATION

WORK LOCATION

POSITION

SUBJECT

Check your salary level for dues computation:
 Over \$39,656 \$19,828 - \$39,656 Below \$19,828

Method of payment:
 Payroll deduction (Sign and date below.) Cash / Check

Check one:
 Full-time (more than .50)
 Part-time (.25-.50)
 Part-time (less than .25)

Payroll Deduction Authorization

I authorize continuing payment or deduction of dues in the sum determined by my local affiliate, the Maryland State Education Association (MSEA), and the National Education Association (NEA), each year, unless I revoke this authorization 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. In case of my resignation or termination, 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 deducted as a miscellaneous itemized deduction.

SIGNATURE _____ DATE _____

Voluntary Contribution Authorization for the Fund for Children and Public Education

I hereby authorize the following contribution to the NEA, MSEA and applicable local Fund for Children and Public Education (FCPE):
 Payroll Deduction per pay period \$1 Other \$ _____ SIGNATURE _____

The National Education Association Fund for Children and Public Education (FCPE), MSEA and applicable local association 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 MSEA and the local FCPE, state and local office. Only U.S. citizens or lawful permanent residents may contribute to the NEA FCPE. Contributions to the NEA, MSEA and local FCPE 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 \$1.00 per pay, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in the NEA, MSEA or local association.

I understand that I am making a joint contribution to the FCPE and that one third of my contribution will go to the NEA FCPE, one third to the MSEA FCPE, and, if applicable, one third to the local FCPE. Contributions or gifts to the NEA, MSEA and local FCPE 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 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 NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

PLEASE RETURN WHITE, CANARY AND PINK COPIES TO YOUR LOCAL • RETAIN THE GOLD COPY FOR YOUR RECORDS

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2011-2012 ENROLLMENT FORM**



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MSEA \$ _____
Local \$ _____
Total \$ _____

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MEMBER ID _____ **OR** _____
SOCIAL SECURITY NO. (Last 4 digits are required) EMPLOYEE ID NUMBER

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