

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 SVSU SUPPORT STAFF ASSOCIATION			BUILDING/WORKSITE		DUES START DATE (M/M/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 describe below. <input type="checkbox"/> Cash/Check Payment — I may pay by check: (a) monthly in 10 (September – June) 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 69866 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, 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 EA (up to 10.0 hrs/wk)	