





2023–2024 Membership Application

Personal Information 'm a first-time member: Yes No,			Dues payments are not deductible as charitable contributions for federa income tax purposes. Dues payments (or a portion) may be deductible a a miscellaneous itemized deduction. Consult your tax adviser.		
	27			Local Association	Name
	Name				
				Bargaining U	nit
	Street Address				
	<u> </u>	_		Employer	
City	State	ZIP			
	<u> </u>		W	ork/School/College	e Location
Home Phone Cellphone*		Cellphone*	Paym	ent Informatio	n (Required)
			ENROLLME		
Pers	onal Email Address		ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
			NEA .		
Ethnicity	Gender	Birth Month/Year	MTA		
			Local		
Position		Hire Date			
YES – I want to join with my colleagues and bec Association, and the National Education Associat associations, which shall continue on a voluntary by	ion. I hereby request and volun	tarily accept membership in these	Chapter or County		
of the associations. To support the associations' go to pay the full annual dues in each year of voluntar	als and to receive the advantages	and benefits of membership, I agree	TOTAL —		
deduction, check, or other payment methods if ava	ilable.		local affiliates may use	e automatic calling tec	d that the MTA, NEA and/or the hniques and/or occasionally te NEA and their local affiliates w

UNION





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Home Phone Cei		Cellphone*	Paym	ent Informatio	n (Required)
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			NEA .		
Ethnicity	Gender	Birth Month/Year	MTA _		
Position		Hire Date	Local		
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of the associations. To support the associations' goals to pay the full annual dues in each year of voluntary r	and to receive the advantages a membership, owing at the start (and benefits of membership, I agree	TOTAL —		
deduction, check, or other payment methods if availa	DIE.		*By providing my phon	e number, I understand	d that the MTA, NEA and/or their

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. I understand that this agreement is voluntary and is not a condition of employment and that I have the legal right to refuse to sign this agreement without suffering any reprisal. 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 prior to the anniversary date of my authorization by notifying the treasurer of the local association in writing and filing a copy of said notice with my employer.

/s/		
	Signature	Date

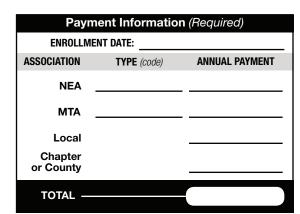
Payment Information (Required)		
ENROLLME	ENT DATE:	
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA		- ———
МТА		
Local		
Chapter or County		
TOTAL —		

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/s/	
Signature	Date



local affiliates may use automatic calling techniques and/or occasionally text message me on my mobile phone. The MTA, NEA and their local affiliates will never charge for text message alerts. Carrier message and data rates may apply.



