## WE'RE HERE TO MAKE SURE THAT EVERY STUDENT SUCCEEDS.





Together, we are creating a future shaped by our members, worthy of our students, and essential to the nation.

| Step 1: Join! Early Enroll   | <b>ment 2022-2023:</b> NEA, MSEA and  | LOCAL ASSOCIATION  |  |  |
|--|---|--|--|--|
| A's 3 million members are united every day to guarantee a great public education for every student. Join us!   |   |  |  |  |
| MEMBERSHIP COMMITMENT: \( Maryland State Education Association Associati | YES! I want to join my fellow employees and   | become a member of the local association, the iation. I hereby request and voluntarily accept  |  |  |
| assessments established by the thre<br>those annual amounts are subject to<br>basis, and regardless of my membe<br>through payroll deduction unless I  | rship status, the payment of those annual am  | tes the union provides. I understand that of the associations. I authorize on a continuing counts established by the three associations sent to your local affiliate via U.S. mail between   |  |  |
| National Education Association Ear<br>2022, but in no event before April 1<br>access to select NEA Member Bene<br>unified Active membership dues fo<br>understand my obligation to pay th<br>to pay those amounts, my eligibility  | to receive benefits under the NEA EEL Progra  | n eligible to receive–prior to September 1,<br>ployment Liability (EEL) Program, as well as<br>these benefits, I agree to pay the appropriate<br>e with established payment procedures. I<br>ess of my membership status, and that if I fail |  |  |
|  | E. MUST BE PRINTED & SIGNED OR SIGNED IN ADOBE ACROBAT)  contributions for federal income tax purposes.  Middle Initial Last Name | DATE (REQUIRED)  |  |  |
|  |   |  |  |  |
| Address  | City  | State / ZIP  |  |  |
| Parsonal Email   |   |  |  |  |
| Personal Email   | Work Email  | Cell Phone*  |  |  |
| Last 4 digits of Social Security #   | Work Email Employee ID No.  | Cell Phone*  |  |  |
|  |   | Cell Phone*  Hire Date   |  |  |
| Last 4 digits of Social Security #  Worksite/Building  | Employee ID No.   |  |  |  |
| Last 4 digits of Social Security #  Worksite/Building  Referred/Recruited by  Employment:  Employed more than 509  2022-23 Salary:  Over \$48,029 \$2  | Employee ID No.  Position/Subject  Half-time or less 4,014 to \$48,029  | Hire Date  |  |  |
| Last 4 digits of Social Security #  Worksite/Building  Referred/Recruited by  Employment:  Employed more than 509  | Employee ID No.  Position/Subject  Half-time or less 4,014 to \$48,029  | Hire Date  |  |  |

| MSEA local affiliates may use auto the National Education Associatio   | mated calling techniques and/or t<br>n nor any of its affiliates charge fo<br>stop receiving NEA messages.Text :   | acation Association, NEA Member E<br>ext message me on my cellular pho<br>r text message alerts. Carrier messa<br>STOPMSEA to 84693 to stop receivi   | one on a periodic basis. Neither<br>age and data rates may apply to   |
|--|--|---|---|
| Members are automatically opte unsubscribe link found in every e   | -  | d other newsletters. You may opt  | out at any time by clicking the   |
| How would you like to receive yo   | our MSEA ActionLine magazine?  | ☐ Print ☐ Digital copy (email)  |   |
| ➤ Step 2: Support e  | lected officials who   | support public educa  | ation   |
| By contributing to our PAC, you h  | nelp advance policies impacting  | our students, our members, and p  | oublic education.   |
| <b>fund our contract, and give ed</b><br>Children and Public Education of  | ucators the respect we deserve   | ns who will pass pro-public edu  I hereby authorize the following ation to build a strong voice for ed per pay period.  | contribution to the Fund for  |
| members and use those contribute<br>expenditures on behalf of friend<br>am making a joint contribution a<br>ninety percent (90%) will be divi-<br>voluntary; making a contribution<br>and members have the right to r<br>Funds request a donation in the | utions for political purposes, inclusions for public education who are called that ten percent (10%) of my ded equally between the MSEA and is neither a condition of employ refuse to contribute without suffer amounts listed above, these are conditions. | ocal affiliates collect voluntary couding, but not limited to, making and dates for federal, state or local contribution will go to the NEA Fond local association accounts. Covernent nor membership in the NEA Forly suggestions. A member may ffecting their membership status | contributions to and office. I understand that I fund, and that the remaining ontributions to the Funds are A, the MSEA or local association, EA, MSEA and local association contribute more or less than the |
| requires us to use best efforts to   | report the name, mailing addres  | ributions for federal or state incor<br>s, occupation, and name of emplo<br>r U.S. citizens or lawful permanen  | oyer for each individual whose  |
|  | deductions, shall continue in for  | ation for political pledges as indic<br>ce from year to year unless revok   |   |
| SIGNATURE  |  | DATE  |   |
| MONTHLY DUES DEDUCTION (for office use only)   | FULL TIME  | HALF-TIME   | PAC   |
| deductions by payroll.   | \$/per pay   | \$/per pay  | \$/per pay  |
|  |  |   |   |