

CONTINUING MEMBERSHIP APPLICATION
Local-Michigan-National Education Associations
and MEA/NEA-Retired Membership

FOR USE BY LOCAL

PLEASE FILL ELECTRONIC FORM, PRINT, AND SIGN WITH A BALL POINT PEN.
Send to MEA MEMBERSHIP, 1216 KENDALE BLVD, PO BOX 2573, EAST LANSING, MI 48826-2573

SOCIAL SECURITY NUMBER 12345-6789	TITLE <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input checked="" type="checkbox"/> DR	SUFFIX <input type="checkbox"/> JR <input type="checkbox"/> 2ND	FIRST NAME Paula	MIDDLE INITIAL A.	LAST NAME Professor	PREFERRED FIRST NAME Paula
HOME ADDRESS - STREET 123 Main Street					E-MAIL ADDRESS (HOME) pprofessor@hotmail.com	
CITY Big Rapids	STATE MI	ZIP CODE 49307	COUNTY Mecosta		E-MAIL ADDRESS (WORK) pprofessor@ferris.edu	
MAILING ADDRESS - STREET (if different from above) Same						
CITY	STATE	ZIP CODE	COUNTY			
HOME PHONE 231.796.XXXX	WORK PHONE 231.591.XXXX	CELL PHONE 231.251.XXXX	PREFERRED PHONE		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input checked="" type="checkbox"/> CELL	
GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	ETHNIC CODE <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input checked="" type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> MULTI-ETHNIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)					BIRTHDATE 01-01-70
NAME OF LOCAL ASSOCIATION Ferris Faculty Assoc.			SCHOOL DISTRICT Big Rapids Public		DUES START DATE (MONTH/YEAR) 09-01-2014	
PAGES/NEA DUES CODE - Check appropriate box Annual Bargaining Unit Wage (required to determine MEA dues amount) \$60,000						
NEA Dues Code EA or ESP (check one) <input checked="" type="checkbox"/> 100 EA 51-100% of Full Load <input type="checkbox"/> 25 EA Up to 25% of Full Load <input type="checkbox"/> 100 ESP 20.01 plus Hours/Week <input type="checkbox"/> 25 ESP Up to 10.0 Hours/Week		Bargaining Unit Sub				

Information on dues amounts, which are subject to change each year, is available at www.mea.org

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.

As a participant in the Local-MEA-NEA Early Enrollment Membership Program, I am eligible to receive, prior to September 1, certain benefits normally available only to regular dues paying members of the associations, including coverage under the NEA Educators Employment Liability (EEL) Program. As a condition of eligibility for these benefits, I agree to pay the appropriate "unified" Local-MEA active membership dues for the current school year in accordance with the regular payment schedule. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall be liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1.

PLEASE CHECK WITH YOUR LOCAL MEMBERSHIP CHAIR AND CHECK ONE (1) BELOW:

- Cash/Check Payment — I make my dues payment by check: (a) monthly in 10 (September – June) or 12 (September – August) payments; (b) semi-annually (at least one-half of dues amount paid by October 31 and the remainder by the last day of February); or (c) in one lump sum by October 31.
- Payroll Deduction — I authorize my employer to deduct Local, MEA and NEA dues, assessments and contributions as may be determined from time to time, until I revoke this authorization in writing between August 1 and August 31 of any year.

Membership terms and conditions: I understand and agree that a) membership is on a continuing basis; b) membership dues is for an entire year and automatically continues thereafter unless I provide written notice of resignation to the association during the month of August; and c) the amount of membership dues is approved annually by the Representative Assembly, may change from year to year, and will be communicated to the membership prior to September 1. My membership in the association is subject to all terms and conditions contained in the governance documents of the national, state, and local associations, available online at www.mea.org.

ALL 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.

- 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.

BY MY SIGNATURE, I indicate that I have read and understand the terms of this agreement.

SIGNATURE: Paula Professor DATE: 8-20-2014

↑ you must sign here