ALL IN for UNION POWER

MTA MASSACHUSETTS TEACHERS ASSOCIATION — A DIVERSE UNION of EDUCATION WORKERS

nea NATIONAL EDUCATION ASSOCIATION

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

I'm a first-time member: ☒ Yes ☐ No. If no, Member ID _____ Membership Year _____

First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ ZIP Code _____

Preferred Phone _____ ☐ Home ☐ Cell* Phone Type _____ Personal Email Address _____ Date of Birth (mm/dd/yyyy) _____

RACE / ETHNICITY**

- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other Race or Ethnicity
- ☐ Multiracial
- ☐ Prefer Not to Answer

GENDER**

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Prefer not to answer
- ☐ Gender Expansive/Non-Conforming

**These demographic questions are used only for internal statistical and representation purposes.

EMPLOYMENT INFORMATION

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction. Consult your tax adviser.

Professional Staff Union - 754
Local Association Name

Unit A
Bargaining Unit

University of Massachusetts
Work / School / College Location

Position Code (check on the back) _____ Hire Date _____

PAYMENT INFORMATION (To be completed by local union officer. See code tables on back)

NEA Type Code AC-1-100 MTA Type Code AC-1-100

NEA Dues _____ MTA Dues _____ Local/Chapter Dues _____ County Dues _____

TOTAL DUES _____

JOIN OUR UNION

☒ **YES** – I want to join with my colleagues and become a member of my local association, the Massachusetts Teachers Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations, which shall continue on a voluntary basis from year to year. I agree to abide by the bylaws, policies and constitutions of the associations. To support the associations' goals and to receive the advantages and benefits of membership, I agree to pay the full annual dues in each year of voluntary membership, owing at the start of each year and payable by payroll deduction, check, or other payment methods if available.

☒ **Payroll Deduction Authorization**. I authorize my public employer, to deduct in each pay period a pro rata portion of the annual dues of my 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.

☒ I understand and agree that this electronic signature is the legally binding equivalent to my handwritten signature. I will not at any time in the future repudiate this electronic signature or claim that it is not legally binding.

SIGNATURE _____ **DATE (mm/dd/yyyy)** _____

*By providing my phone number, I understand that the MTA, NEA and/or their 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.