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! 2022-2023 Enro	ollment Form: NEA, MSEA and	I				
NEA's 3 million members are united	LOCAL ASSOCIATION IEA's 3 million members are united every day to guarantee a great public education for every student. Join us!					
MEMBERSHIP COMMITMENT: Very the Maryland State Education Assortance accept membership in these associ	YES! I want to join my fello ciation (MSEA), and the Nat	w employees and tional Education As	become a member ssociation. I hereby	of the local association, request and voluntarily		
assessments established by the three those annual amounts are subject to basis, and regardless of my member through payroll deduction unless I August 15 and September 15 of the I UNDERSTAND THAT THIS AGREEMENT	ee associations in considera to periodic change by the g rship status, the payment o revoke this authorization in e upcoming membership your IT IS VOLUNTARY AND IS	ation for the service governing bodies or of those annual am a signed writing sear for which the a	tes the union provides the associations. If the associations. If ounts established sent to your local at uthorization is to be NOF EMPLOYMEN	des. I understand that authorize on a continuing by the three associations filiate via U.S. mail between e cancelled.		
LEGAL RIGHT TO REFUSE TO SIGN THI	S AGREEMENT WITHOUT	SUFFERING ANY	REPRISAL.			
Signature (Required):			Date (Req	uired):		
Dues payments are not deductible as charitable	contributions for federal income	e tax purposes.				
First Name:	Middle Initial:	Last Name:				
Address:	City:		State/	Zip:		
Personal Email:	Wo	ork Email:				
Cell Phone*:		Hire Date:				
Lasts 4 digits of Social Security #:Employee ID No.:						
Worksite/Building:	Pos	ition/Subject: _				
Referred/Recruited by:						
Employment:						
2022-23 Salary: ☐ Over \$48,029 ☐ \$24,014 to \$48,029 ☐ below \$24,014						
Payment Type: ☐ PAYROLL DEDUCTION ☐ CASH/CHECK (requires full payment of annual dues)						
Ethnicity: American Indian / Alaska Na (Optional) Native Hawaiian/Pacific Islan		☐ Black ☐ Other	Hispanic	☐ Multiple Races		
Gender: ☐ Female ☐ Male ☐ Tra (Optional)	ansgender Female 🔲 Transg	gender Male 🔲 Ge	ender Expansive/Non	-Conforming \square Other		
* By providing my phone number, I under association, NEA Member Benefits and NE	stand that the National Educ			•		
a periodic basis. The National Education A message and data rates may apply to suc	Association, the MSEA, and th					
a periodic basis. The National Education A	Association, the MSEA, and the halerts.	he local association	will never charge fo	r text message alerts. Carrier		

➤ Step 2: Support elected officials who support public education

		our students, our members, and p			
fund our contract, and give ed	ucators the respect we deserve	ns who will pass pro-public edu I hereby authorize the following Ition to build a strong voice for ed	contribution to the Fund for		
I want to donate ☐ \$15 ☐ \$10) □ \$5 □ \$per p	pay period.			
members and use those contribution expenditures on behalf of friend am making a joint contribution a ninety percent (90%) will be divivoluntary; making a contribution and members have the right to runds request a donation in the	utions for political purposes, inclusions for political purposes, inclusion who are called that ten percent (10%) of my ded equally between the MSEA and is neither a condition of employefuse to contribute without suffer amounts listed above, these are compared.	ocal affiliates collect voluntary conding, but not limited to, making andidates for federal, state or local contribution will go to the NEA Find local association accounts. Comment nor membership in the NEA Fing any reprisal. Although the Nonly 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 address	ibutions for federal or state incon s, occupation, and name of emplo U.S. citizens or lawful permanen	yer for each individual whose		
	deductions, shall continue in for	tion for political pledges as indic ce from year to year unless revoke			
SIGNATURE	GNATURE DATE				
MONTHLY DUES DEDUCTION (for office use only)	FULL TIME	HALF-TIME	PAC		
deductions by payroll.	\$/per pay	\$/per pay	\$/per pay		