

Membership Application for TABCO, MSEA/NEA 2015-16 MAX. DUES: \$34.15 PER PAY



PRINT →			☐ FULL TIME ☐ PART TIME
FIRST NAME ↑ MIDDLE	INITIAL ↑ LAST NAME ↑	DATE OF BIRTH	CHECK ONE ↑
SOCIAL SECURITY NUMBER	ETHNICITY	HOME PHONE	HOME EMAIL ADDRESS
SCHOOL OR WORKSITE	POSITION	SUBJECT	WORK EMAIL ADDRESS
HOME ADDRESS APT. # CITY STATE & ZIP CODE Check your salary level (for dues computation):			
DATE Voluntary Contr	SIGNATURE (RETURN TO ibution Authorization for the Fund	YOUR TABCO REP, OR TO 'TABCO	,
I hereby authorize the voluntary contribution to the contributions from Association members and use education who are candidates for federal, state an Association, and members have the right to refus suggestion. A member may contribute more or leta TABCO. Contributions to the FCPE will be distributed tax purposes. Federal law requires us to use our \$200 in a calendar year. Only U.S. citizens or law be returned forthwith.	those contributions for political purposes, including nd local offices. Contributions to the FCPE are vo- e to contribute without suffering any reprisal. Althous st than the suggested amount, or may contribute uted evenly between NEA, MSEA and TABCO. Co- best efforts to collect the name, mailing address, or best efforts to collect the name, mailing address, or the state of the state of t	g but not limited to, making contributions to and a luntary; making a contribution is neither a condition ough TABCO FCPE requests an annual contribution nothing at all, without it affecting his/her membe contributions to the FCPE are not deductible as a poccupation and name of employer for each indiv	expenditures on behalf of friends of public on of employment nor membership in the tion of \$1.00 per paycheck, this is only a rship status, rights, or benefits in NEA, MSEA or charitable contributions for federal or state income dual whose contributions aggregate in excess of
I would like to increase my contribution to \$ per pay.			

SIGNATURE _____ DATE _____