



Membership Application for TABCO, MSEA/NEA
2017-18 MAX. DUES: \$34.85 PER PAY

PRINT ->
FIRST NAME MIDDLE INITIAL LAST NAME DATE OF BIRTH ETHNICITY CHECK ONE FULL TIME PART TIME
SS # (-XXXX) BCPS EMPLOYEE ID # CELL PHONE HOME PHONE HOME EMAIL ADDRESS
HOME ADDRESS APT. # CITY STATE & ZIP CODE
SCHOOL OR WORKSITE POSITION SUBJECT WORK EMAIL ADDRESS @ bcps

Check your salary level (for dues computation): [] More than \$42,488 [] \$21,244 to \$42,488 [] Less than \$21,244

Maintenance of Membership/Dues Deduction Authorization: I authorize continuing payment or deduction of dues from my pay in each pay period a pro rata portion of the annual dues required for membership in TABCO, MSEA and NEA. I fully understand that the annual dues required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize deduction of any modified monthly dues established by the governing bodies of the three associations. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to TABCO by such time as is designated in TABCO's collective bargaining agreement, TABCO's policy, or TABCO's Bylaws; or (b) my employment with the Board of Education ends. In the event of my separation, the Board of Education shall deduct the balance of my yearly dues from my final paycheck.

DATE SIGNATURE (RETURN TO YOUR TABCO REP, OR TO 'TABCO' VIA SCHOOL MAIL)

Voluntary Contribution Authorization for the Fund for Children and Public Education - \$2.00 per pay

I hereby authorize the voluntary contribution to the NEA, MSEA and TABCO Fund for Children and Public Education (FCPE) to build a strong voice for educators. The FCPE collects voluntary contributions from Association members and use those contributions for political purposes, including but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal, state and local offices. Contributions to the FCPE are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although TABCO FCPE requests an annual contribution of \$1.00 per paycheck, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his/her membership status, rights, or benefits in NEA, MSEA or TABCO. Contributions to the FCPE will be distributed between NEA (10%), MSEA (45%) and TABCO (45%). Contributions to the FCPE are not deductible as charitable contributions for federal or state income tax purposes. Federal law requires us to use our best efforts to collect the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Only U.S. citizens or lawful permanent residents may contribute to the FCPE. All donations from persons other than Association members and their immediate families, will be returned forthwith.

SIGNATURE DATE

[] I would like to increase my contribution to \$ per pay.