

SSN (last 4 digits are required)		BCPS EMPLOYEE ID #		LOCAL ASSOCIATION TABCO (Teachers Association of Baltimore County Maryland, Inc.)	
<input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.		FIRST	MIDDLE	LAST	
ADDRESS					
CITY			STATE	ZIP CODE	
HOME PHONE		CELL PHONE		HOME EMAIL	
DATE OF BIRTH		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		ETHNICITY (optional)	
WORK LOCATION			WORK EMAIL @bcps.org		HIRE DATE
POSITION			SUBJECT		

By providing my phone number, I understand that the National Education Association (NEA), NEA Member Benefits, NEA360, the Maryland State Education Association (MSEA) and MSEA local affiliates may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. Neither the NEA nor any of its affiliates charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages. Text STOPMSEA to 84693 to stop receiving MSEA and MSEA local affiliate messages. Text HELP to 84693 or go to nea.org/terms for more information.

The following information is REQUIRED:

HAVE YOU BEEN A MEMBER OF NEA IN THE PAST? <input type="checkbox"/> YES (not eligible for early enrollment – benefits start 9/1/19) <input type="checkbox"/> NO	
CHECK ONE: <input type="checkbox"/> EMPLOYED MORE THAN 50% <input type="checkbox"/> HALF-TIME OR LESS	2019-20 SALARY (check one): <input type="checkbox"/> OVER \$44,656 <input type="checkbox"/> \$22,328 to \$44,656 <input type="checkbox"/> BELOW \$22,328
HOW WOULD YOU LIKE TO RECEIVE YOUR MSEA ACTIONLINE MAGAZINE? <input type="checkbox"/> PRINT <input type="checkbox"/> DIGIT (email)	

As a participant in the Teachers Association of Baltimore County Maryland, Inc. (TABCO), MSEA and NEA Early Enrollment Membership Incentive Plan, I am eligible to receive prior to September 1, 2019 (but in no event before April 1, 2019) benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2019-2020 membership year in accordance with established payment procedures. 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, 2019.

EEL Program coverage from date of signature below (April 1, 2019 through August 31, 2019) is available only to individuals who are joining the Association for the first time as Active members for the 2019-2020 year.

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. Subscriptions to MSEA ActionLine and NEA publications are included in the cost of membership dues.

Membership Commitment and Annual Payment Authorization

Membership Commitment: Yes -- I want to join with my fellow employees and become a member of TABCO, MSEA and NEA. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.

Annual Payment Authorization: Yes -- I hereby agree to pay the annual dues, fees and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction unless I revoke this authorization in a signed writing sent to TABCO via USPS (return receipt suggested) between August 15 and September 15 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

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.

SIGNATURE

DATE

PLEASE RETURN TO YOUR ASSOCIATION REPRESENTATIVE OR PLACE IN INTEROFFICE MAIL TO TABCO MEMBERSHIP

Recruiter's Name and Work Location _____



(See **backside** for Fund for Children and Public Education Contribution Voluntary Authorization) →

Fund for Children and Public Education (FCPE) Contribution Voluntary Authorization

Yes! I want to see our elected officials stand up for public education and my students. I hereby authorize the following contribution to the Fund for Children and Public Education (FCPE) of NEA, MSEA and TABCO to build a strong voice for educators:

TOTAL PAC PAYROLL DEDUCTION PER PAY PERIOD:

\$5.00 \$2.00 Other \$ _____

SIGNATURE _____

The NEA, MSEA and TABCO Funds for Children and Public Education (FCPE) collect voluntary contributions from Association members and use those contributions for political purposes, including but not limited to making contributions and expenditures on behalf of friends of public education who are candidates for federal, state or local office. I understand that I am making a joint contribution and that 10% of my contribution will go to the NEA Fund, and the remaining 90% will be divided evenly between the MSEA and TABCO Funds. 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 the NEA Fund requests a contribution of \$5.00 per pay, this is only a suggestion. A member may contribute more or less than the suggested amount, or not contribute, without affecting his/her membership status, rights, or benefits in NEA, MSEA or any of MSEA's affiliates.

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 and report 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 members of NEA and its affiliates, and their immediate families, will be returned forthwith.

With full knowledge of this information, I agree that my authorization for political action pledges are indicated by the check mark herein and my authorization for payroll deductions, shall continue in force from year to year unless revoked or modified by me giving written notice to TABCO.