

Membership Application
2019-20

MSEA/NEA

FIRST NAME		MIDDLE INITIAL	LAST NAME		BIRTH DATE	ETHNICITY	GENDER M/F
SS # (-XXXX)	BCPS EMPLOYEE ID #	HOME PHONE	CELL PHONE		HOME EMAIL ADDRESS		
HOME ADDRESS			APT. #	CITY	STATE & ZIP CODE		
SCHOOL OR WORKSITE		POSITION	SUBJECT	HIRE DATE	WORK EMAIL ADDRESS @ bcps		

CHECK YOUR SALARY LEVEL and PERCENTAGE EMPLOYED (for dues computation):

- MORE THAN \$44,656 (max dues \$35.95)
 \$22,328 to \$44,656 (max dues \$29.31)
 LESS THAN \$22,328 (max dues \$24.33)
 MORE THAN 50%
 LESS THAN 50%

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.

HOW WOULD YOU LIKE TO RECEIVE YOUR MSEA ACTIONLINE MAGAZINE?
 PRINT
 DIGITAL (email)

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 to be published 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.

DATE	SIGNATURE (RETURN TO YOUR TABCO REP, OR TO 'TABCO MEMBERSHIP' VIA SCHOOL MAIL)	(WEB)
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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: [\$2:00 will be the default amount]

- \$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.