

Dues are pro-rated when hiring date is later in the year - hired after 11/14, after 2/1, and after 4/14. Contact Nancy Cole or Jeannie Holenko to obtain rates.



2021-2022 Membership Application

Personal Information

I'm a first-time member: Yes No, _____
If No, MTA Member ID

Name

Street Address

City

Home Phone

Cellphone*

Personal Email Address

Ethnicity

Gender

Birth Month/Year

Position

Hire Date

YES - I want to join with my colleagues and become a member of my local association, the Massachusetts Teachers Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations, which shall continue on a voluntary basis from year to year. I agree to abide by the bylaws and constitutions of the associations. To support the associations' goals and to receive the advantages and benefits of membership, I agree to pay the full annual dues in each year of voluntary membership, owing at the start of each year and payable by payroll deduction, check, or other payment methods if available. By signing this membership enrollment form, I understand and agree that this Electronic Signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate this electronic signature or claim that it is not legally binding.

/s/ _____
Signature

Date

Payroll Deduction Authorization

I authorize my public employer,

Where your paycheck comes from - which town, UIRSD, or MVRHS

Public Employer

to deduct in each pay period a pro rata portion of the annual dues of the

MVEA
Local Association

the Massachusetts Teachers Association and the National Education Association. I understand that annual membership dues for the associations are subject to periodic change by the governing bodies of the associations. I understand that the dues are subject to change from year to year. I agree 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. This authorization shall be irrevocable for the period of one year from the anniversary date of authorization (unless my employment ends during the payroll year). Said authorization shall continue from year to year unless I revoke it prior to the anniversary date of my authorization by notifying the treasurer of the local association in writing and filing a copy of said notice with my employer.

/s/ _____
Signature

Date

By signing this payroll deduction authorization, I understand and agree that this Electronic Signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate this electronic signature or claim that it is not legally binding.

Dues payments are not deductible as charitable contributions for federal income tax purposes unless they are made to a miscellaneous itemized deduction. Consult your tax advisor.

Complete all fields as shown

Martha's Vineyard Educators Assn.

Local Association Name

Teacher or ESP

Beginning Unit

Town, MV Regional HS, or UIRSD

Employer

Which School or Super's Office

Work/School/College Location

Fill in all fields and sign

Payment Information (Required)		
ENROLLMENT DATE: <u>today's date</u>		
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA	AC -	_____
MTA	AC -	_____
Local		_____
Chapter or County		0
TOTAL		_____

*By providing my phone number, I understand that the MTA, NEA and/or their local affiliates may use automatic calling techniques and/or occasionally text message me on my mobile phone. The MTA, NEA and their local affiliates will never charge for text message alerts. Carrier message and data rates may apply.

Include types (codes) and annual payments from the dues rate chart

Payment Information (Required)		
ENROLLMENT DATE: <u>today's date</u>		
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA	AC-	_____
MTA	AC-	_____
Local		_____
Chapter or County		0
TOTAL		_____

If you prefer to pay in a lump-sum, write a check to MVEA for the total and skip this bottom section.