

MTA Application Directions

Local Association:
Martha's Vineyard Educators Assn. (do NOT put MVEA)

Bargaining Unit:
Teacher, ESP, ASP, Custodian, or Food Service

Employer:
Who issues your paycheck

Work Location:
The building you work in; if many, write MULTIPLE

Fill in with all personal information not work email or phone

Sign and date

Fill out to have deductions taken from your pay in 10 equal payments.

Otherwise you will need to pay the full amount with a personal check by November 15.

AN IN UNION POWER

MEMBERSHIP APPLICATION

2025-2026

PERSONAL INFORMATION

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

Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cellphone* _____

Personal Email Address _____

Ethnicity _____ Gender _____ Date of Birth _____

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, policies and constitutions of the associations. To support the associations' goals and to receive the advantages and benefits of membership, I agree to pay the annual dues in each year as voluntary membership, owing at the start of each year and payable by personal check, or other payment methods if available. 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.

Local Association Name _____

Bargaining Unit _____

Employer _____

Work/School/College Location _____

Payment Information (Required)

ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA		_____
MTA		_____
Local		_____
Chapter or County		_____
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.

(LOCAL COPY)

PAYROLL DEDUCTION AUTHORIZATION

I, _____, authorize my public employer, _____, to deduct in each pay period a pro rata portion of the annual dues of the _____.

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, and I authorize the deduction of modified dues as may apply. I understand that this agreement is voluntary and is not a condition of employment and that I have the legal right to cancel this agreement at any time without any reason. 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.

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.

Payment Information (Required)

ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA		_____
MTA		_____
Local		_____
Chapter or County		_____
TOTAL		_____

(EMPLOYER COPY)

Amounts from the Dues Rate Chart

Same as chart above.