



MASSACHUSETTS TEACHERS ASSOCIATION
 20 ASHBURTON PLACE, BOSTON, MA 02108
 TELEPHONE: (617) 742-7950 or 800-392-6175
 www.massteacher.org • www.nea.org

Payroll Deduction MEMBERSHIP APPLICATION

PLEASE CHECK ONE

- Pre-K thru 12 Professional
- Education Support Professional (ESP)
- Higher Education

PAYROLL DEDUCTION AUTHORIZATION

I HEREBY AUTHORIZE THE

INSTRUCTIONS:

- 1) Please read and complete all sections.
- 2) Print firmly and clearly so image transfers to all copies.
- 3) Present the completed application to the Association Representative so your temporary card can be signed and activated.

PERSONAL INFORMATION

~~_____~~
 SOCIAL SECURITY NUMBER

AREA CODE _____ HOME PHONE _____
 AREA CODE _____ WORK PHONE _____
 AREA CODE _____ PERSONAL FAX NO. _____

E-MAIL ADDRESS _____

MEMBER YEAR 2012
 LOCAL ASSOCIATION NAME PSU 751 Boston
 BARGAINING UNIT _____
 EMPLOYER _____
 WORK LOCATION / BLDG. CODE _____

FIRST _____ MIDDLE _____ LAST _____ (JR, SR, ETC.) _____

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ CTRY _____ ZIP + 4 _____

PAYMENT INFORMATION

ASSOCIATION	TYPE	ANNUAL PAYMENT
NEA**	AC-1-	
MTA**	AC-1-	
COUNTY		
LOCAL		
TOTAL		

SEE CODES ON BACK OF FORM

*ETHNICITY _____ GENDER _____ MARITAL STATUS _____ DATE OF BIRTH _____
 MO. _____ DAY _____ YR. _____

POSITION _____ SUBJECT _____ HIRE DATE _____ FIRST TIME MEMBER? _____
 MO. _____ DAY _____ YR. _____ YES _____ NO _____

** Note-Please see back of form for membership type.

Note: When your membership has been processed, you will automatically be given a unique membership identification number, which can be used as an identifier in place of your Social Security number. You will find it on your membership card. You can also use it to access the Members Area of the MTA web site: www.massteacher.org

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.

NEA CLASSROOM TEACHER DEFINITION: Classroom Teacher shall mean any person who is certified, where required, and a major part of whose time is spent in direct contact with students or who performs allied work, which results in placement of the person on a local salary schedule for teachers.

*Ethnicity information is optional. Failure to provide it will in no way affect your membership status, rights or benefits in NEA, MTA or any of their affiliates. All information on this form will be kept confidential and for the exclusive use of MTA / NEA.

SCHOOL COMMITTEE AND THE TREASURER OF SAID MUNICIPALITY OR THE TREASURER / BURSAR OF THE UNIVERSITY/COLLEGE TO DEDUCT EACH YEAR THE CURRENT DUES OF MY LOCAL, COUNTY, STATE AND NATIONAL ASSOCIATIONS NOTWITHSTANDING ANY INCREASES OR DECREASES IN SUCH DUES IN THE FUTURE YEARS.

I UNDERSTAND THAT THE SPECIFIC AMOUNT OF THE CURRENT DUES OF THE ASSOCIATIONS SHALL BE CERTIFIED TO THE COMMITTEE BY MY LOCAL ASSOCIATION TREASURER OR THE TREASURER / BURSAR OF THE UNIVERSITY/COLLEGE EACH SCHOOL YEAR.

THE DEDUCTIONS SHALL BE MADE IN ACCORDANCE WITH THE AGREEMENT BETWEEN THE LOCAL ASSOCIATION AND THE

SCHOOL COMMITTEE OR BETWEEN THE FACULTY ASSOCIATION AND THE UNIVERSITY / COLLEGE AS IT MAY BE AMENDED OR RENEWED FROM TIME TO TIME, INCLUDING ANY SUCCESSOR AGREEMENTS AND IN THE ABSENCE OF ANY SUCH AGREEMENT SUCH DEDUCTIONS SHALL BE MADE PURSUANT TO C 180 S. 17C AS MOST RECENTLY AMENDED.

I UNDERSTAND THAT I MUST GIVE AT LEAST SIXTY (60) DAYS NOTICE TO THE COMMITTEE OR TO THE TREASURER / BURSAR TO WITHDRAW THIS AUTHORIZATION FOR A SUBSEQUENT SCHOOL YEAR. I FURTHER UNDERSTAND THAT I AM OBLIGATED TO PAY THE FULL ANNUAL DUES FOR EACH YEAR AS DETERMINED BY THE MTA BYLAWS.

X
 SIGNATURE _____

DATE _____

MEMBER'S SIGNATURE _____ DATE _____ TREASURER/LOCAL ASSN REPRESENTATIVE _____

RETURN TO MTA - FINANCE & ACCOUNTING

EMPLOYER COPY