



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

Agency Fee APPLICATION

PAYROLL DEDUCTION AUTHORIZATION

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.

PERSONAL INFORMATION

~~_____~~
 SOCIAL SECURITY NUMBER

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

E-MAIL ADDRESS _____

FIRST MIDDLE LAST (JR, SR, ETC.)

NAME				
ADDRESS				
CITY				
STATE	CTRY	ZIP+4		

SEE CODES ON BACK OF FORM

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

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

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 status. All information on this form will be kept confidential and for the exclusive use of MTA / NEA.

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.

2012
MEMBER YEAR

PSU
LOCAL ASSOCIATION NAME / ASSN. NO.

BARGAINING UNIT

EMPLOYER

WORK LOCATION / BUILDING CODE

PAYMENT INFORMATION

ASSOCIATION	TYPE	ANNUAL PAYMENT
NEA	FP-1-	
MTA	FP-1-	
COUNTY		
LOCAL		
TOTAL		

I HEREBY AUTHORIZE THE _____ SCHOOL COMMITTEE AND THE TREASURER OF SAID MUNICIPALITY TO DEDUCT EACH YEAR THE CURRENT FEES OF THE LOCAL COUNTY, STATE AND NATIONAL TEACHER ASSOCIATIONS NOTWITHSTANDING ANY INCREASES OR DECREASES IN SUCH FEES IN FUTURE YEARS.

I UNDERSTAND THAT THE SPECIFIC AMOUNT OF THE CURRENT FEES OF THE ASSOCIATIONS SHALL BE CERTIFIED TO THE COMMITTEE BY THE LOCAL ASSOCIATION TREASURER EACH SCHOOL YEAR.

THE DEDUCTIONS SHALL BE MADE ACCORDANCE WITH THE AGREEMENT BETWEEN THE TEACHERS ASSOCIATION AND

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

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

X
 SIGNATURE _____

MEMBER SIGNATURE _____

DATE _____

TREASURER/LOCAL ASSN REPRESENTATIVE _____

DATE _____

RETURN TO MTA - FINANCE & ACCOUNTING

EMPLOYER COPY