## Together. A Stronger Voice.





2024-2025

Step 1: Join! Early Enroll	ment 2024-2025: NEA, MSEA and	
		LOCAL ASSOCIATION
(MSEA), and the National Education agree to abide by the Constitution	es and become a member of the local asso on Association. I hereby request and volun n and Bylaws of all three associations	ciation, the Maryland State Education Association tarily accept membership in these associations and
the union provides. I understand to associations. I authorize on a cont established by the three associa	(Sep. 1 – Aug. 31) dues established by the to that those annual amounts are subject to cinuing basis, and regardless of my membe ations through payroll deduction or the pa sent to my local affiliate via U.S. mail betwee	hree associations in consideration for the services periodic change by the governing bodies of the ership status, the payment of those annual amounts syment method selected below unless I revoke this een August 15 and September 15 of the upcoming
☐ PAYROLL DEDUCTION	☐ <b>CASH/CHECK</b> (requires full payment of annual dues	:)
Enrollment Membership Incentive 2024—benefits under the NEA Ed Programs. As a condition of eligib 2024-25 membership year, regard benefits under the NEA EEL Progr	iation, Maryland State Education Association Plan, I am eligible to receive—prior to Se lucators Employment Liability (EEL) Prograility for these benefits, I agree to pay the alless of my membership status, and that if I	on, and National Education Association Early ptember 1, 2024, but in no event before April 1, m, as well as access to select NEA Member Benefits oppopriate unified Active membership dues for the fail to pay those amounts, my eligibility to receive become liable for the cost of any benefits that 4.
I UNDERSTAND THAT THIS AGREEMILEGAL RIGHT TO REFUSE TO SIGN TI		OITION OF EMPLOYMENT AND THAT I HAVE THE
	TIS ACREEMENT WITHOUT SOTT ENING	ANY KEPRISAL.
Signature (Required):  Dues payments are not deductible as cha	ritable contributions for federal income tax pu	Date (Required):
		Date (Required):
Dues payments are not deductible as cha	ritable contributions for federal income tax pu  Middle Initial: Last Nam	Date (Required):
Dues payments are not deductible as cha  First Name:	ritable contributions for federal income tax pu  Middle Initial: Last Nam	Date (Required):
Dues payments are not deductible as cha  First Name:  Address:	ritable contributions for federal income tax pu  Middle Initial: Last Nam  City: Work Email:	Date (Required):
Dues payments are not deductible as cha  First Name:  Address:  Personal Email:  Cell Phone*:	ritable contributions for federal income tax pu  Middle Initial:Last Nam  City:  Work Email:  Hire Date:	Date (Required):  #############################
Personal Email:  Cell Phone*:  Lasts 4 digits of Social Security #:	middle Initial:Last NamCity:Work Email:Hire Date:Employee ID No.:	Date (Required):
Personal Email:  Cell Phone*:  Lasts 4 digits of Social Security #:  Worksite/Building:	Middle Initial:Last Nam	Date (Required):  proses.  e:State/Zip:
Personal Email:  Cell Phone*:  Lasts 4 digits of Social Security #:  Worksite/Building:  Referred/Recruited by:  Employment:   Employed more	Middle Initial:Last Nam	Date (Required):
Personal Email:  Cell Phone*:  Lasts 4 digits of Social Security #:  Worksite/Building:  Referred/Recruited by:  Employment:   Employed more	Middle Initial:Last NamCity:Work Email:Hire Date:Employee ID No.: Position/Subje	Date (Required):
Personal Email:  Cell Phone*:  Lasts 4 digits of Social Security #:  Worksite/Building:  Referred/Recruited by:  Employment: □ Employed more 2024-25 Salary: □ Over \$53,954	Middle Initial:Last NamCity:Work Email:Hire Date:Employee ID No.: Position/Subje  than 50%	Date (Required):

with full knowledge of this informand my authorization for payroll written notification to my local at SIGNATURE  MONTHLY DUES DEDUCTION (for office use only)		DATE  HALF-TIME	PAC
and my authorization for payroll written notification to my local a			oked of modified by the providing
and my authorization for payroll		orce from year to year unless revo	oked of modified by the providing
		zation for political pledges as inc	
Contributions to the Funds are no requires us to use best efforts to contributions aggregate in excess Funds.	report the name, mailing addre	ess, occupation, and name of emp	
and members have the right to re Funds request a donation in the	utions for political purposes, inc s of public education who are cound that ten percent (10%) of moded equally between the MSEA n is neither a condition of employed efuse to contribute without suffamounts listed above, these are	cluding, but not limited to, making tandidates for federal, state or locally contribution will go to the NEA and local association accounts. Toyment nor membership in the Neffering any reprisal. Although the e only suggestions. A member m	g contributions to and cal office. I understand that I N Fund, and that the remaining
to build a strong voice for educate I want to donate. $\square$ \$15 $\square$ \$10	tors.		,
EDUCATION.		SITIVELY IMPACT EDUCATOR	RS, STUDENTS, AND PUBLIC  EA, MSEA, and my local association
Step 2: Support elect	ed officials who su	pport public educati	on
How would you like to receive y	our MSEA ActionLine magaz	<b>zine?</b> □ Print □ Digital copy (e	mail)
the unsubscribe link found in e	•	ino?	
Members are automatically op		ly and other newsletters. You n	nay opt out at any time by clicking
and MSEA local affiliate messages.		3	