

Together. A Stronger Voice.



2026 EARLY ENROLLMENT FORM

Step 1: Join! Use the QR code on the back to join online!

NEA, MSEA, and

LOCAL ASSOCIATION

- ☐ **MEMBERSHIP COMMITMENT: YES!** I want to join my fellow employees and become a member of the local association, the Maryland State Education Association (MSEA), and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.
- ☐ **EARLY ENROLLMENT PLEDGE: YES!** As a participant in the local association, Maryland State Education Association, and National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2026, but in no event before April 1, 2026—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits Programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2026-27 membership year, regardless of my membership status, and that if I fail to pay those amounts, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate and I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2026.
- ☐ **ANNUAL PAYMENT AUTHORIZATION: YES!** I hereby agree to pay the annual (Sep. 1 – Aug. 31) dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or the payment method selected below unless I revoke this authorization in a signed writing sent to my local affiliate via U.S. mail between August 15 and September 15 of the upcoming membership year for which the authorization is to be cancelled.
- ☐ **PAYROLL DEDUCTION** ☐ **CASH OR CHECK** *(requires full payment of annual dues)*

I UNDERSTAND 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.

SIGNATURE: _____ **DATE (mm/dd/yyyy)** ____ / ____ / ____

Dues payments are not deductible as charitable contributions for federal income tax purposes.

First Name		Middle Initial		Last Name	
Home Address		City		State	
Personal Email		Work Email			
Cell Phone*		Hire Date			
Month/Year of Birth (mm/yyyy)		Employee ID No.			

- ☐ **Licensed (or Conditionally Licensed)** ☐ **Support Staff (ESP)** ☐ **Licensed (Administrator)**

Race/Ethnicity:

- | | |
|---|---|
| ☐ Native American/Alaska Native | ☐ Black or African-American |
| ☐ Latin/o/a/x, Hispanic, or Chican/o/a/x | ☐ Native Hawaiian/Pacific Islander |
| ☐ Asian | ☐ Multiracial |
| ☐ White (not Hispanic) | ☐ Other |
| ☐ Middle Eastern or North African | ☐ Prefer Not to Answer |

Gender:

- | | |
|--|---|
| ☐ Female | ☐ Transgender Female |
| ☐ Male | ☐ Transgender Male |
| ☐ Gender Expansive/Non-Conforming | |
| ☐ Prefer Not to Answer | |

Workplace

Position

Referred/Recruited by

Employment

☐ Employed more than 50% ☐ Half-time or less

2026-27 Salary

☐ Over \$57,619 ☐ \$28,810 to \$57,619 ☐ Below \$28,810

* By providing my cell phone number, I understand that the National Education Association and its affiliates, including, NEA Member Benefits, NEA360, the MSEA and MSEA local affiliates may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. Neither the National Education Association nor any of its affiliates charge for text message alerts. Carrier message and data rates may apply to such alerts.

Step 2: Support elected officials who support public education

☐ YES! I WANT TO HELP ADVANCE POLICIES THAT POSITIVELY IMPACT EDUCATORS, STUDENTS, AND PUBLIC EDUCATION.

I hereby authorize the following contribution to the Fund for Children and Public Education of NEA, MSEA, and my local association to build a strong voice for educators.

I want to donate: ☐ \$20 ☐ \$10 ☐ \$5 ☐ \$3 ☐ _____ per pay period

The NEA Fund for Children and Public Education and MSEA and local affiliates collect voluntary contributions from Association members and use those contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal, state or local office. I understand that I am making a joint contribution and that ten percent (10%) of my contribution will go to the NEA Fund, and that the remaining ninety percent (90%) will be divided equally between the MSEA and local association accounts. Contributions to the Funds are voluntary; making a contribution is neither a condition of employment nor membership in the NEA, the MSEA or local association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA, MSEA and local association Funds request a donation in the amounts listed above, these are only suggestions. A member may contribute more or less than the suggested amounts, or may contribute nothing at all, without it affecting their membership status, rights, or benefits in NEA, MSEA or any of its affiliates.

Contributions to the Funds are not deductible as charitable contributions for federal or state income tax purposes. Federal law requires us to use best efforts to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Only U.S. citizens or lawful permanent residents may contribute to the Funds.

With full knowledge of this information, I agree that my authorization for political pledges as indicated by the check mark herein and my authorization for payroll deductions, shall continue in force from year to year unless revoked or modified by me providing written notification to my local association.

 SIGNATURE:

DATE:

/ /

Monthly Dues Deduction	Full Time	Half-Time	PAC
_____deductions by payroll	\$_____/per pay	\$_____/per pay	\$_____/per pay



Complete the
form online!



Members are automatically opted in to MSEA's members-only and other newsletters. You may opt out at any time by clicking the unsubscribe link found in every email. How would you like to receive your MSEA ActionLine magazine?

☐ Print ☐ Digital copy (email)