



2018 -2019 ENROLLMENT/OPT-OUT/PAYROLL AUTHORIZATION FORM



Please Return this Completed Form to CEA through the PONY

FIRST NAME _____ MI _____ LAST NAME _____

SS# (LAST 4) _____ EMPLOYEE ID NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

HOME EMAIL _____ WORK EMAIL _____

WORK LOCATION _____ POSITION _____

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)

ETHNICITY (Optional) American Indian/Alaska Native Asian Black Caucasian (not Hispanic origin) Hispanic Native Hawaiian/Pacific Islander Multi-Ethnic Other Unknown

DATE OF BIRTH (mm/dd/yyyy) _____ HIRE DATE (mm/dd/yyyy) _____

Use of Cell Phone By providing my phone number, I understand that the NEA, MSEA, CEA and NEA Member Benefits may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, the MSEA, and CEA will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages; Text STOPMSEA to 84693 to stop receiving MSEA & CEA messages. Text HELP to 84693 for more information.

Check your salary level for dues computation

- Over \$44,260
 \$22,130 to \$44,260
 Below \$22,130

Check One

- Full-time (more than .50)
 Part-time (.25 - .50)
 Part-time (less than .25)

Check Payment of Method

- Payroll deduction (Sign and date below)
 Cash/Check

Membership Commitment

Yes - I want to join with my fellow employees and become a member of CEA, the Maryland State Education Association (MSEA), and the National Education Association (NEA). I hereby request and voluntarily accept membership in the associations and agree to abide by the Constitution and Bylaws of all three associations.

Maintenance of Membership/Dues Deduction Authorization

I authorize continuing payment or deduction of dues from my pay in each pay period, a pro rata portion of the annual dues required for membership in CEA, MSEA, and NEA. I fully understand that the annual dues required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize deduction of any modified monthly dues established by the governing bodies of the three associations. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to CEA by such time as is designated in my collective bargaining agreement, CEA policy, or bylaws; or (b) my employment with the board of education ends. In the event of my separation, the board of education shall deduct the balance of my yearly dues from my final paycheck.

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.

SIGNATURE _____

DATE _____

Fund for Children and Public Education Contribution Voluntary Authorization

Yes! I want to see our elected officials stand up for public education and my students. I hereby authorize the following contribution to the Political Action Committee (PAC) of NEA, MSEA and CEA to build a strong voice for educators:

TOTAL PAC PAYROLL DEDUCTION PER PAY PERIOD \$5.00 \$10.00 \$15.00 Other _____

Signature _____

Date _____

The NEA, MSEA and applicable local Funds for Children and Public Education collect voluntary contributions from Association members and use those contributions for political purposes, including but not limited to making contributions 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 one-third of my contribution will go to the NEA Fund, one-third to the MSEA Fund and one-third to the local account. Contributions to the Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. A member may contribute more or less than the suggested amount, or not contribute, without affecting his/her membership status, rights, or benefits in NEA, MSEA, or any of MSEA's affiliates.

Contributions to the Fund are not deductible as charitable contributions for Federal or State income tax purposes. Federal law requires us to use our best efforts to collect and 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 Fund. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

With full knowledge of this information, I agree that my authorization for political action 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 giving written notice to my local association

FOR CEA OFFICE USE ONLY

Database _____
PR Recon _____
MSEA _____
CCPS _____
Type _____
GC _____
Email Group _____
Begin Date _____

For Local office use only

NEA \$ _____
MSEA \$ _____
Local \$ _____
Total \$ _____