

2019 -2020 ENROLLMENT/OPT-OUT/PAYROLL **AUTHORIZATON FORM**

Please Return this Completed Form to CEA through the PONY





FIRST NAME		MI	LAST NAME	3	
SS# (LAST 4)		EMPLOYEE ID N	EE ID NUMBER		
ADDRESS					
CITY	STATE _		ZIP		
HOME PHONE	CELL PHONE				
HOME EMAIL	ME EMAIL WORK EMAIL				
WORK LOCATION		POSITION		SUBJECT	
every email. How wou	ıld you like to receive your MSEA Acti	onLine magazine?	Print Digit	12 \ /	
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/do	·l/yyyy)	HIRE DA	ATE (mm/dd/yyyy)		
message me on my cellula	r phone on a periodic basis. The NEA, the !	MSEA, and CEA will never	charge for text messag	ember Benefits may use automated calling tec e alerts. Carrier message and data rates may a ages. Text HELP to 84693 for more information	apply to such alerts.
Check your salary level for dues computation ☐ Over \$44,656 ☐ \$22,328 to \$44,656 ☐ Below \$22,328		Check One Full-time (more than .50) Part-time (.2550) Part-time (less than .25)		Check Payment of Method ☐ Payroll deduction (Sign and date below) ☐ Cash/Check	

N

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.

Annual Payment Authorization

families, will be returned forthwith.

YES 🔲 I hereby agree to pay the annual 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 unless I revoke this authorization in a signed writing sent to CEA via U.S. mail, between August 15 and September 15 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

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

as a miscellaneous itemized deduction.

)	Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible					
	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 of NEA, MSEA and CEA to build a strong voice for educators:					
	TOTAL PAC PAYROLL DEDUCTION PER PAY PERIOD \square \$5.00 \square \$10.00 \square \$15.00 \square Other					
	Signature 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 ten (10) percent of my contribution will go to the NEA Fund, and that the remaining ninety (90) percent will be divided evenly between the MSEA Fund and 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. Although The NEA Fund requests a contribution of \$5.00 per pay, this is only a suggestion. 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					

Begin Date		
For Local office use only		
NEA	\$	
MSEA	\$	
Local	\$	
Total	\$	

FOR CEA OFFICE USE ONLY

Database PR Recon MSEA_____

CCPS____

Email Group____

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.

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