



2020–2021 Membership Application

Personal Information

I'm a first-time member: Yes No, _____
If No, MTA Member ID

Name

Street Address

City

State

ZIP

Home Phone

Cellphone*

Personal Email Address

Ethnicity

Gender

Birth Month/Year

Position

Hire Date

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. Consult your tax adviser.

Local Association Name

Bargaining Unit

Employer

Work/School/College Location

Payment Information (Required)		
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA	_____	_____
MTA	_____	_____
Local Chapter or County	_____	_____
TOTAL	_____	_____

*By providing my phone number, I understand that the MTA, NEA and/or their local affiliates may use automatic calling techniques and/or occasionally text message me on my mobile phone. The MTA, NEA and their local affiliates will never charge for text message alerts. Carrier message and data rates may apply.

(local copy)

/s/ _____
Signature Date

Payroll Deduction Authorization

I authorize my public employer, _____,
Public Employer

to deduct in each pay period a pro rata portion of the annual dues of the _____,
Local Association

the Massachusetts Teachers Association and the National Education Association. I understand that annual membership dues for the associations are subject to periodic change by the governing bodies of the associations, and I authorize the deduction of modified dues as may apply. 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. This authorization shall be irrevocable for the period of one year from the anniversary date of authorization (unless my employment ends during the payroll year). Said authorization shall continue from year to year unless I revoke it by notifying the treasurer of the local association in writing and filing a copy of said notice with my employer.

Payment Information (Required)		
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA	_____	_____
MTA	_____	_____
Local Chapter or County	_____	_____
TOTAL	_____	_____

/s/ _____
Signature Date

By signing this payroll deduction authorization, I understand and agree that this Electronic Signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate this electronic signature or claim that it is not legally binding.

(employer copy)