

# MAINE EDUCATION ASSOCIATION

Affiliated with the National Education Association

## 2020—2021 UMPSA ENROLLMENT APPLICATION

	CAMPUS	BUILDING NAME
<b>NAME</b>		
<b>ADDRESS</b>		
<b>ADDRESS 2</b>		
<b>CITY, STATE &amp; ZIP</b>		
<b>HOME PHONE</b>		
<b>WORK PHONE</b>		
<b>EMAIL</b>		
<b>ETHNIC CODE</b> (use drop-down) <input type="checkbox"/>	<b>GENDER</b> <input type="checkbox"/>	<b>PAYROLL DEDUCTION</b> <input type="checkbox"/>
		<b>CHECK PAYMENT</b> <input type="checkbox"/>
1—American Indian/Alaska Native 3—Black 4—Hispanic 5—Caucasian (not of Spanish origin) 6—Asian 7—Native Hawaiian/Pacific Islander 8—Multi-Ethnic 9—Other	<b>LAST 4 SSN</b>	<b>DATE OF BIRTH</b>

SELECT APPLICABLE	
FULL TIME	<input type="checkbox"/>
PART TIME	<input type="checkbox"/>

<b>For Office Use Only</b>	
<b>NEA</b>	
<b>MEA</b>	
<b>LOCAL</b>	
<b>TOTAL</b>	
<b>PER PAY PERIOD DEDUCTION AMT</b>	

**Current Dues Amounts**  
(per pay period)

Full Time:      \$57.50  
Part Time:      \$29.96

**Membership Commitment and Annual Payment Authorization**

YES  **Membership Commitment:** I want to join with my fellow employees and become a member of the local association/the Maine Education Association/ 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.

YES  **Annual Payment Authorization:** 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 or other arrangement unless I revoke this authorization in a signed writing sent to the local association, between September 1 and September 30 of the membership year for which the authorization is to be canceled.

**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.**

Dues payments are not deductible as charitable contributions for federal income tax purposes, but may be deductible as a miscellaneous itemized deduction.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Return Completed Form To: Membership—Higher Ed  
1349 Broadway  
Bangor, ME 04401  
Email: jchai@maineca.org