

## MEMBERSHIP APPLICATION

### Unit 1 Employees Only

EMPLOYEE NUMBER (EIN) (REQUIRED)		<b>OR</b>	SOCIAL SECURITY NUMBER		<b>For Office Use Only</b>	
MR <input type="checkbox"/> DR. <input type="checkbox"/>	FIRST		MIDDLE	LAST	NEA	
MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/>					MSEA	
ADDRESS					PGCEA	
CITY			STATE	ZIP CODE	TOTAL	
CONTACT PHONE <input type="checkbox"/> Cell			OTHER PHONE <input type="checkbox"/> Home			
NON-WORK EMAIL (DO NOT GIVE US YOUR @PGCPS.org EMAIL)						
<i>Members are automatically opted in to PGCEA's, MSEA's &amp; NEA's members-only and other enewsletters. 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? <input type="checkbox"/> Print <input type="checkbox"/> Digital copy (email)</i>						
DATE OF BIRTH				HIRE DATE		
WORK LOCATION				CHECK ONE: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (20 hours or less)		
ETHNICITY (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi Ethnic <input type="checkbox"/> Other						
<b>Use of Cell Phone</b> By providing my phone number, I understand that the NEA, MSEA, PGCEA 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 the PGCEA will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 36453 to stop receiving messages. Text HELP to 36453 for more information.						

### Membership Method of Payment

**CHECK ONE OPTION:**

- Cash/Check** (membership requires annual renewal, contact PGCEA for amount)
- Payroll Deduction Authorization** (sign and date below): The annual deduction duration is 18 pay periods, starting with the first pay date in October.

### Membership Commitment

Yes - I want to join with my fellow employees and become a member of the PGCEA, the Maryland State Education Association (MSEA), and the National Education Association (NEA). I hereby request and voluntarily accept membership in these 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 PGCEA, the MSEA, and the 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 PGCEA by such time as is designated in PGCEA's collective bargaining agreement (I will submit written notice during the first 30 calendar day period beginning the first duty day for teachers of any school year), PGCEA's policy, or PGCEA's bylaws, revocation includes terminating membership benefits and reducing my obligation to agency fees; 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

Date completed application is received at the PGCEA Center is the membership effective date. If received prior to Unit 1 start date, the Unit 1 date is the effective date.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### Voluntary Contribution Authorization for the Fund for Children and Public Education

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 my Local Association to build a strong voice for educators:

TOTAL PAC PAYROLL DEDUCTION PER PAY PERIOD:  \$12.00  \$6.00  \$3.00  \$1.00  other \$ \_\_\_\_\_

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 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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Go to [www.pgcea.org](http://www.pgcea.org) for membership details and confirmation

ALLOW 4-6 WEEKS FOR PROCESSING. Incomplete applications include: no signature, email address, date of birth, EIN or incomplete SSN will cause processing delays.

**Recruiter Name:**

**EIN:**

Return the signed form to PGCEA via PONY, US Mail, Fax (301-568-8900) or Scanned EMAIL to [contacts@pgcea.org](mailto:contacts@pgcea.org).

8008 MARLBORO PIKE, FORESTVILLE MD 20747 301-736-2700 (P) 301-568-8900 (F) [contacts@pgcea.org](mailto:contacts@pgcea.org) (email)