

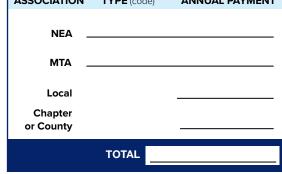




MEMBERSHIP APPLICATION

2025-2026

PERSONAL INFORMA	ATION	for federal income tax purposes.	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.	
I'm a first-time member:	Yes No,	may be deductible as a miscellar Consult your tax adviser.		
		If No, MTA Member ID		
			Local Association Name	-
Name			•	
			Bargaining Unit	
Street Address			- Barganing Offic	
City	State		<u>Employer</u>	
City	State	ZIF		
			Work/School/College Location	1
Home Phone Cellphone		one*	Payment Informa	ation (Paguired)
			- ASSOCIATION TYPE (code	
Personal Email Address			ASSOCIATION THE (CODE	annoal i annen i
			NEA	
Ethnicity	Gender	Date of Birth		
			MTA	
Position		Hire Date	Local	
YES – I want to join with my colleagues and	d become a member of my local a	association, the Massachusetts Teachers	Chapter	
Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations, which shall continue on a voluntary basis from year to year. I agree to abide by the bylaws, policies and constitutions of the associations. To support the associations' goals and to receive the advantages and benefits of membership, I agree to pay the full annual dues in each year of voluntary membership, owing at the start of each year and payable by payroll deduction, check, or other payment methods if available. 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,			or County	
			TOTAL	
			,	*By providing my phone number, I understand that the MTA, NEA and/or their local
repudiate this electronic signature or claim t	hat it is not legally binding.		affiliates may use automatic calling techn me on my mobile phone. The MTA, NEA ar for text message alerts. Carrier message	iques and/or occasionally text message nd their local affiliates will never charge
SIGNATURE		DATE	(LOCAL COPY)	
PAYROLL DEDUCTIO	N AUTHORIZAT	ION		
I.		, authorize my public employer,		
NAME				
PUBLIC EMPLOYER		-,	Payment Informa	ation (Required)
to deduct in each pay period a pro rata portion of the annual due		dues of the	ASSOCIATION TYPE (code	e) ANNUAL PAYMENT
LOCAL ASSOCIATION		,	NEA	
the Massachusetts Teachers Associ				
annual membership dues for the as bodies of the associations, and I au	, ,	3 , 3 3	MTA	
understand that this agreement is v the legal right to refuse to sign this	•		Local	









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 prior to the anniversary date of my authorization by notifying the treasurer of the

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.

local association in writing and filing a copy of said notice with my employer.

