

MEA SPRING MEMBERSHIP ENROLLMENT FORM

Spring 2011
MESA EDUCATION ASSOCIATION
 1032 East University Drive
 Mesa, Arizona 85203 ♦ 480-833-8400

SCHOOL / WORK SITE _____

WORK PHONE _____

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SOCIAL SECURITY NUMBER

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HOME PHONE

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HOME E-MAIL ADDRESS

--

MPS HIRE DATE (YEAR)

	FIRST NAME	MIDDLE INITIAL	LAST NAME
NAME			
ADDRESS			
CITY & STATE			ZIP CODE

PAYMENT METHOD	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Credit Card
<input type="checkbox"/>	EFT
DUES AMOUNT, PER PAY PERIOD	
<input type="checkbox"/>	full time
<input type="checkbox"/>	3/4 time
<input type="checkbox"/>	1/2 time
<input type="checkbox"/>	1/4 time
CONTRIBUTIONS	
_____	Ed. Improvement Fund
_____	Scholarship Fund
_____	TOTAL DONATION
CREDIT CARD	
<input type="checkbox"/>	MC <input type="checkbox"/>
<input type="checkbox"/>	VISA
#	_____
EXP. DATE	_____
SIGNATURE	_____

ARE YOU A REGISTERED VOTER?	PARTY AFFILIATION	SEX	ETHNIC INFORMATION:
<input type="checkbox"/> YES	<input type="checkbox"/> DEM.	<input type="checkbox"/> FEMALE	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE
<input type="checkbox"/> NO	<input type="checkbox"/> REP.	<input type="checkbox"/> MALE	<input type="checkbox"/> ASIAN
	<input type="checkbox"/> IND.		<input type="checkbox"/> BLACK
	<input type="checkbox"/> NO PARTY	DATE OF BIRTH	<input type="checkbox"/> CAUCASIAN (not of Hispanic origin)
	<input type="checkbox"/> OTHER	_____	<input type="checkbox"/> HISPANIC
			<input type="checkbox"/> MULTI-ETHNIC
			<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER
			<input type="checkbox"/> OTHER

WHAT IS YOUR POSITION? _____	WHAT SUBJECT DO YOU TEACH? _____
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EVERY MEMBER OPTION

AEA annual dues include an assessment, called the Every Member Option (EMO), in the amount of \$12, which impacts all active-certified and active-educational support members working one-half time or more. AEA-Retired members and those active-certified and active-educational support professional members working less than one-half time shall have an EMO rate of \$6.

Monies collected through the EMO assessment shall be divided \$5 for AEA Foundation for Teaching and Learning, \$4 for AEA Fund for Public Education, and \$3 for the AEA Education Improvement Fund. Monies collected through the EMO assessment for those members paying the \$6 amount shall be divided \$2.50 for AEA Foundation for Teaching and Learning, \$2 for AEA Fund for Public Education, and \$1.50 for AEA Education Improvement Fund.

Refund Procedure

New members desiring a refund from EMO may request a Refund Request Form by calling 800-352-5411. The member must mail the Refund Request Form to Membership postmarked or hand delivered within thirty (30) days of signing this application. The Arizona Education Association will mail a refund check after receipt of the Refund Request Form.

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. The Revenue Reconciliation Act of 1993 has eliminated the individual federal income tax deduction for lobbying expenses paid or incurred as part of membership dues on or after December 31, 1993. This change will affect only those members who itemize deductions and meet the two percent required for additional miscellaneous deductions. Those members will not be able to deduct as union dues 2.04 percent of their AEA 2011-12 dues. This is the percentage attributable to lobbying expenses on the state and national level. The exact dollar amount will vary depending on each member's category of membership.

As a participant in the AEA and NEA Early Enrollment Membership Incentive Plan, I am eligible to receive-prior to September 1, 2011, but in no event before April 1, 2011-benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA and AEA Member Benefits programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified **Active** Membership dues for the 2011-12 membership year in accordance with the established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program and AEA member benefits prior to September 1, 2011.

With full knowledge of the above, I hereby agree to pay cash for, or authorize the Mesa Unified School District Number 4 to deduct from my salary, in accordance with the agreed upon payroll deduction procedure, my membership dues as revised annually and as revised each membership year thereafter, provided that I may revoke this authorization as of September 1 of any year by giving written notice to that effect to the Mesa Education Association on or before that date. If for any reason, excepting my death, my employment or membership is terminated, amounts still owing under this authorization shall be deducted from final pay due. I expressly and voluntarily waive any claim under A.R.S. § 23-352 or other applicable statute, law, policy, or regulation, against the Mesa Education Association or the Mesa Unified School District for wrongfully withholding my wages during any membership year by deducting my membership dues and any political action contribution designated above unless I revoke this authorization with written notice pursuant to the terms set forth above on or before September 1 of that year.

I understand that of the Arizona state dues \$5.20 is for a subscription to the *AEA Advocate* for one year and that annual membership dues to the NEA includes \$5.65 for *NEA Today*, \$3.40 for *Tomorrow's Teachers*, and \$20 for Higher Education publications. Publications received by members are based on membership category.

MEMBER'S SIGNATURE _____

DATE _____

RECRUITER _____

2010-2011 MEA Unified Dues are \$598.

Mesa Education Association ♦ Arizona Education Association ♦ National Education Association