



UNION  
POWER

# 2021-2022 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

**YES** - I want to join with my colleagues and become a member of my local association, the Massachusetts Teachers 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 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

## Fall River Educators Association

\_\_\_\_\_  
Local Association Name

**Unit A**

\_\_\_\_\_  
Bargaining Unit

**City of Fall River**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work/School/College Location

### Payment Information (Required)

ENROLLMENT DATE: \_\_\_\_\_

ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA	AC-1-100	\$202
MTA	AC-1-100	\$503
Local		\$210
Chapter or County		

TOTAL **\$915**

\*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)

## Payroll Deduction Authorization

I authorize my public employer,

**City of Fall River**

\_\_\_\_\_  
Public Employer

to deduct in each pay period a pro rata portion of the annual dues of the

**Fall River Educators Association**

\_\_\_\_\_  
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 prior to the anniversary date of my authorization by notifying the treasurer of the local association in writing and filing a copy of said notice with my employer.

\_\_\_\_\_  
Print Name (legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Payment Information (Required)

ENROLLMENT DATE: \_\_\_\_\_

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(employer copy)