



2023–2024 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. By signing this membership enrollment form, 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.

/s/ _____
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 C

Bargaining Unit

CITY OF FALL RIVER

Employer

Work/School/College Location

Payment Information (Required)

ENROLLMENT DATE: _____

ASSOCIATION	TYPE (code)	ANNUAL PAYMENT
NEA	AC-2-100	\$124.50
MTA	AC-2-202	\$157.00
Local		\$90.00
Chapter or County		

TOTAL _____ **\$371.50**

*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

FREA
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.

/s/ _____
Signature Date

By signing this payroll deduction authorization, 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.

(employer copy)

Payment Information (Required)

ENROLLMENT DATE: _____

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