





MEMBERSHIP APPLICATION

	2025–2026			
PERSONAL INFORM I'm a first-time member:		for federal income	e tax purposes. Due e as a miscellaneo	s charitable contributions es payments (or a portion) us itemized deduction.
_	If No, MTA Member ID			Staff Association
		Local Associatio		
Name		48H		
		Bargaining Unit		
Street Address		HE-003 Un	niversity of Ma	assachusetts Amhe
		Employer		
City	State ZIP	0549		
		Work/School/Co	llege Location	
Home Phone	Cellphone*	Pavr	nent Informatio	on (Required)
		ASSOCIATION		ANNUAL PAYMENT
Personal Email Address		NEA	AC-2-100	\$126.50
Ethnicity	Gender Date of Birth	— MTA	AC-2-100	\$333.75
Position	Hire Date	Local		\$168.58
YES – I want to join with my colleagues a Association, and the National Education A associations, which shall continue on a vo	or County			
constitutions of the associations. To support membership, I agree to pay the full annual and payable by payroll deduction, check,		TOTAL	\$628.83	
		affiliates may use auto me on my mobile phor	matic calling technique	that the MTA, NEA and/or their loca s and/or occasionally text message eir local affiliates will never charge data rates may apply.
SIGNATURE	DATE	•	·	(LOCAL COPY
PAYROLL DEDUCTION	ON AUTHORIZATION			
l,	, authorize my public employ	er,		
NAME				
PUBLIC EMPLOYER		Payr	nent Informatio	n (Required)
to deduct in each pay period a pr	ro rata portion of the annual dues of the	ASSOCIATION	TVDE (code)	ANNULAL DAVMENT

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 filling a copy of said notice with my employer.

Payment Information (Required)				
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT		
NEA .	AC-2-100	\$126.50		
MTA .	AC-2-100	\$126.50		
Local		\$168.58		
Chapter or County				
	TOTAL	\$628.83		

SIGNATURE DATE

