





MEMBERSHIP APPLICATION

	2025–2026			
PERSONAL INFORMA I'm a first-time member:		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.		
	If No, MTA Member ID	· ·		taff Association
		Local Associatio		
Name		48H		
		Bargaining Unit		
Street Address		HE-003 Un	iversity of Ma	assachusetts Amher
		Employer		
City	State ZIP	0549		
		Work/School/Co	llege Location	
Home Phone	Cellphone*	Payr	nent Informatio	n (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 and Association, and the National Education Asso associations, which shall continue on a volum	Chapter or County			
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.			TOTAL	\$628.83
		affiliates may use auto me on my mobile phor	matic calling techniques	that the MTA, NEA and/or their local s and/or occasionally text message eir local affiliates will never charge
SIGNATURE	DATE	for text message diene	. carrier message and c	(LOCAL COPY)
DAVPOLL DEDUCTION	N AUTUODIZATION			
PAYROLL DEDUCTION				
I,NAME	, authorize my public employer,			
PUBLIC EMPLOYER	Payr	nent Informatio	on (Required)	
to deduct in each pay period a pro	ASSOCIATION	TYPE (code)	ANNUAL PAYMENT	

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.

rayment information (Required)					
ASSOCIATION	TYPE (code)	ANNUAL PAYMENT			
NEA .	AC-2-100	\$126.50			
MTA .	AC-2-100	\$333.75			
Local		\$168.58			
Chapter or County					
	TOTAL	\$628.83			

SIGNATURE DATE



LOCAL ASSOCIATION