

MAINE EDUCATION ASSOCIATION

Affiliated with the National Education Association

2020—2021 AFUM ENROLLMENT APPLICATION

CAMPUS	BUILDING NAME		
NAME			
ADDRESS			
CITY, STATE, ZIP			
HOME PHONE			
CELL PHONE			
PERSONAL EMAIL			
WORK EMAIL			
DATE OF BIRTH		GENDER	
LAST 4 SSN		ETHNIC CODE	

Pay Method	
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
Select Applicable	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

FOR MEA USE ONLY	
NEA DUES	
MEA DUES	
AFUM DUES	
TOTAL	
Deduction Per Pay Period	

**Current Dues Per Pay
Period Amounts**

Full Time: \$60.42
Part Time: \$31.42

- | | | |
|-----------------------------------|-----------|--------------------------------------|
| 1 – American Indian/Alaska Native | 3 – Black | 4 – Hispanic |
| 5 – White | 6 – Asian | 7 – Native Hawaiian/Pacific Islander |
| 8 – Multiple Races | 9 – Other | |

Membership Commitment and Annual Payment Authorization

- YES Membership Commitment:** I want to join with my fellow employees and become a member of the local association/the Maine Education Association/ National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.
- YES Annual Payment Authorization:** I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction or other arrangement unless I revoke this authorization in a signed writing sent to the local association, between September 1 and September 30 of the membership year for which the authorization is to be canceled.

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.

Dues payments are not deductible as charitable contributions for federal income tax purposes.

Member's Signature _____

Date _____

Return Form to:

Maine Education Association – Higher Ed • 35 Community Drive • Augusta, ME 04330 • Email: snichols@mainecea.org