



2017-2018 MEMBERSHIP APPLICATION

National Education Association - New Mexico



Ms. Mr. Mrs. Dr.

Name (PRINT LEGIBLY: First, Middle Initial, Last)	Date of Birth	Last 4 Digits of SSN
Mailing Address	Mailing City/State	Mailing Zip Code
Personal Email	Cell Phone (w/Area Code) ³	Personal Land Line (w/Area Code)
Local Association	School/Worksite	School/Work Phone

Description and NEA, NEA-NM, NEA-NM Region & ¹ EdPAC Dues				Row Total
<input type="checkbox"/> Certified FT (AC-1-100): \$583.00¹	<input type="checkbox"/> Certified PT (AC-1-50): \$325.00¹	<input type="checkbox"/> Education Support Professional (Classified) FT (AC-2-100): \$317.50¹	<input type="checkbox"/> Education Support Professional (Classified) PT (AC-2-50): \$178.50¹	\$ 583.00
Local Association Dues (Varies from local to local)				\$ 72.00
SUBTOTAL (Column):				\$ 655.00

Position Code (check one)	Ethnicity Code (check one)	Method of Payment (check one)											
<input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Licensed Librarian <input type="checkbox"/> Other FT Licensed Professionals <input type="checkbox"/> Administrator/Supervisor ² <input type="checkbox"/> Educational Assistant/Tech <input type="checkbox"/> Secretary/Clerk/Admin Services <input type="checkbox"/> Bldgs/Grnds Maint/Repair/Other <input type="checkbox"/> Food Service <input type="checkbox"/> Trans/Dlvry/Vhel Mechanics <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (not Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown <small>(This information is helpful in determining the diversity of our membership.)</small>	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Payment Attached (Check, Money Order, or Cash) <input type="checkbox"/> Electronic Funds Transfer from My Bank Account (EFT Form must be completed) <input type="checkbox"/> MasterCard / Visa Card No. _____ Expiration Date: ____/____/____ Security Code (Back of Card) _____ Billing Zipcode: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">GRAND TOTAL: (All Categories Above)</td> <td style="text-align: right;">\$ 655.00</td> </tr> <tr> <td style="text-align: right;">Cost / Pay Period: (Optional)</td> <td style="text-align: right;">\$ 27.30</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	GRAND TOTAL: (All Categories Above)	\$ 655.00	Cost / Pay Period: (Optional)	\$ 27.30						
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If applicable, proration for partial year dues			%										
			\$										

In return for the benefits of membership, including coverage by the Unified Legal Services Program, I hereby agree to pay continuing dues and assessments, as adjusted annually, and authorize my employer to deduct from my salary in accordance with the agreed upon payroll deduction procedure or agree to some other payment method. Although not required for membership benefits, I also authorize political action contributions in the amounts indicated for the current membership year and each membership year thereafter. I may revoke this membership authorization by giving written notice to that effect to the local Association between the dates of September 1 and October 6 of 2018 or any subsequent year. If I have authorized payroll deductions, and, for any reason, excepting death, my employment is terminated, amounts still owing under this authorization shall be deducted from final pay due. I understand that dues payments (or a portion) may be deductible as a miscellaneous itemized deduction on my federal income taxes, though dues payments and contributions to EdPAC are not deductible as charitable contributions for federal income tax purposes.

¹Fifteen dollars (\$15.00) of the amount collected from Active Professionals (although collected in the same manner as dues) is a voluntary contribution to The NEA-New Mexico Education Political Action Committee (EdPAC). Ten dollars (\$10.00) of the amount collected from Active Education Support Professionals (although collected in the same manner as dues) is a voluntary contribution to EdPAC. This voluntary contribution may be refunded to members who request it according to procedures contained in the NEA-NM Bylaws. Forms for requesting the refund are available at nea-nm.org. The NEA-NM EdPAC collects voluntary contributions from Association members and uses those contributions for political purposes, including but not limited to, making contributions to and expenditures on behalf of friends of education who are candidates for elected office. Contributions to EdPAC are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Twenty-four (\$24.00) of the amount collected from Active Professionals (although collected in the same manner as dues), or twelve (\$12.00) of the amount collected for full-time Education Support Professionals, or six (\$6.00) of the amount collected from part-time Education Professionals constitutes a voluntary assessment to protect the education profession. It may be refunded to members who request it according to procedures of the board of directors. Forms for requesting the refund are available at nea-nm.org.

²Administrator/supervisor means a member who directly hires, evaluates, transfers, disciplines, or dismisses employees.

³Providing your mobile number authorizes NEA-NM to send texts for which your mobile provider rates may apply.

Member's Signature _____ Date ____/____/____ Recruiter (print) _____

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2007 Botolph Road, Santa Fe, NM 87505 • 505-982-1916 • nea-nm.org

Please make 3 photocopies; original to NEA-NM and one copy each to local association, payroll office (if applicable), and member.

OFFICE USE ONLY	Date Entered: _____	Entered By: _____
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