

# MAINE EDUCATION ASSOCIATION

Affiliated with the National Education Association

## 2021—2022 ACSUM 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**

Payroll Deduction     Personal Check

**Select Applicable**

Full Time             Part Time

Fiscal                     Academic

**FOR MEA USE ONLY**

NEA DUES	
MEA DUES	
ACSUM DUES	
TOTAL	
Deduction Per Pay Period	

**Current Dues Per Pay  
Period Amounts**

FT Academic: \$20.29  
 FT Fiscal: \$14.83  
 PT Academic: \$10.85  
 PT Fiscal: \$7.93

- |                                   |           |                                      |
|-----------------------------------|-----------|--------------------------------------|
| 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 August 15 and September 15 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 • 1349 Broadway • Bangor, ME 04401 • Email: [jchai@maineea.org](mailto:jchai@maineea.org)