



**NEA/MSEA/CAESS 2016 -2017 ENROLLMENT/OPT-OUT/PAYROLL
AUTHORIZATON FORM
PLEASE RETURN THIS COMPLETED FORM TO CAESS THROUGH THE PONY**

FIRST NAME _____ MI _____ LAST NAME _____

SS# (LAST 4) _____ EMPLOYEE ID NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

HOME EMAIL _____ WORK EMAIL _____

WORK LOCATION _____ POSITION _____

Members are automatically opted in to MSEA's members-only and other enewsletters. You may opt out at any time by clicking the unsubscribe link found in every email. How would you like to receive your MSEA ActionLine magazine? Print Digital copy (email)

ETHNICITY (Optional) American Indian/Alaska Native Asian Black Caucasian (not Hispanic origin) Hispanic Native Hawaiian/Pacific Islander Multi-Ethnic Other Unknown

DATE OF BIRTH (mm/dd/yyyy) _____ HIRE DATE (mm/dd/yyyy) _____

Use of Cell Phone By providing my phone number, I understand that the NEA, MSEA, CAESS and NEA Member Benefits may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The NEA, the MSEA, and CAESS will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 36453 to stop receiving messages. Text HELP to 3.6453 for more information.

Check your salary level for dues computation:

- Over \$42,179 \$21,089 to \$42,179 Below \$21,089

Check one:

- Full-time (more than .50)
 Part-time (.25 - .50)
 Part-time (less than .25)

Method of Payment

- Payroll deduction (Sign and date below) Cash/Check

Membership Commitment

Yes – I want to join with my fellow employees and become a member of CAESS, the Maryland State Education Association (MSEA), and the National Education Association (NEA). I hereby request and voluntarily accept membership in the associations and agree to abide by the Constitution and Bylaws of all three associations.

Maintenance of Membership/Dues Deduction Authorization

I authorize continuing payment or deduction of dues from my pay in each pay period, a pro rata portion of the annual dues required form membership in CAESS, MSEA, and NEA. I fully understand that the annual dues required for membership in the here associations are subject to periodic change by the governing bodies of the associations and authorize deduction of any modified monthly dues established by the governing bodies of the three associations. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed written sent to CAESS by such time as is designated in my collective bargaining agreement, CAESS policy, or bylaws; or (b) my employment with the board of education ends. In the event of my separation, the board of education shall deduct the balance of my yearly dues from my final paycheck.

Membership Opt-Out

Fair Share Representation Fee Payer: I do not wish to become a CAESS member and waive all member-only benefits. I will be charged a Fair Share Representation Fee which will be automatically deducted from my paycheck.

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.

SIGNATURE _____

DATE _____

IMPORTANT NOTE: *If no choice is indicated, or if this form is not submitted, it is presumed that the employee has opted out of CAESS membership, waived all member-only benefits, and the agency fee will be applied. Bona fide religious objections may be considered with verification of the objection and proof of donation of amount equal to the annual agency fee to a non-religious charity.*



For Local office use only	
NEA	\$ _____
MSEA	\$ _____
Local	\$ _____
Total	\$ _____

FOR CAESS OFFICE USE ONLY	
Database	_____
PR Recon	_____
MSEA	_____
CCPS	_____
Type	_____
GC	_____
Email Group	_____
Begin Date	_____

Fund for Children and Public Education Contribution Voluntary Authorization

Yes! I want to see our elected officials stand up for public education and my students. I hereby authorize the following contribution to the Political Action Committee (PAC) of NEA, MSEA, and my Local Association to build a strong voice for educators:

TOTAL PAC PAYROLL DEDUCTION PER PAY PERIOD \$5.00 \$10.00 \$15.00 Other _____

Signature

Date

The NEA, MSEA and applicable local Funds for Children and Public Education collect voluntary contributions from Association members and use those contributions for political purposes, including but not limited to making contributions and expenditures on behalf of friends of public education who are candidates for federal, state, or local office. I understand that I am making a joint contribution and that one-third of my contribution will go to the NEA Fund, one-third to the MSEA Fund and one-third to the local account. Contributions to the Fund 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. A member may contribute more or less than the suggested amount, or not contribute, without affecting his/her membership status, rights, or benefits in NEA, MSEA, or any of MSEA's affiliates.

Contributions to the Fund are not deductible as charitable contributions for Federal or State income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Only U.S. citizens or lawful permanent residents may contribute to the Fund. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

With full knowledge of this information, I agree that my authorization for political action pledges as indicated by the check mark herein and my authorization for payroll deductions, shall continue in force from year to year unless revoked or modified by me giving written notice to my local association