



A DIVERSE UNION of EDUCATION WORKERS



Early Enrollment

2026-2027

PERSONAL INFORMATION

I'm a first-time member: Yes No, _____
If No, MTA Member ID

First Name	Middle Initial	Last Name	Local Association Name
			Faculty Staff Union
Street Address			Bargaining Unit
			0548
City	State	ZIP	Employer
			UMass Boston
Home Phone	Cellphone*		Work/School/College Location
Personal Email Address			NEA Type Code
Ethnicity	Gender	Date of Birth	MTA Type Code
Position		Hire Date	

YES – I want to join with my colleagues and become a member of my local association, the Massachusetts Teachers Association, and the National Education Association. I hereby request and voluntarily accept membership in these 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.

As a participant in my local union, Massachusetts Teachers Association and National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2026, but in no event before April 1, 2026— access to select Member Benefits Programs. As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2026-27 membership year in accordance with established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2026.



Signature Date

* By providing my phone number, I understand that the MTA, NEA and/or their local affiliates may use automatic calling techniques and/or occasionally text message me on my mobile phone. The MTA, NEA and local affiliates will never charge for text message alerts. Carrier message and data rates may apply.

PAYROLL DEDUCTION AUTHORIZATION

I authorize my public employer, _____, to deduct in each pay period a pro rata portion
PUBLIC EMPLOYER
of the annual dues of the, _____, county union affiliate,
LOCAL ASSOCIATION

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.

Signature Date

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.