



PLEASE TYPE OR  
PRINT FIRMLY WITH  
A BALL POINT PEN.

# CONTINUING MEMBERSHIP APPLICATION

## Local—Michigan—National Education Associations

FOR USE BY LOCAL

SOCIAL SECURITY NUMBER		LAST NAME		FIRST NAME		MIDDLE INITIAL		PREFERRED FIRST NAME		TITLE		SUFFIX			
										<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR		<input type="checkbox"/> JR <input type="checkbox"/> 2 <sup>nd</sup>			
GENDER		BIRTHDATE		ETHNIC CODE											
<input type="checkbox"/> M <input type="checkbox"/> F		/ /		<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> OTHER (SPECIFY) _____											
MAILING ADDRESS		STREET													
<input type="checkbox"/> HOME <input type="checkbox"/> OFFICE															
CITY			STATE			ZIP CODE			COUNTY			SCHOOL DISTRICT OF RESIDENCE			
E-MAIL ADDRESS				HOME TELEPHONE				WORK TELEPHONE				EXTENSION			
( )				( )				( )				( )			
SEASONAL MAILING ADDRESS IF DIFFERENT FROM ABOVE		STREET													
CITY			STATE			ZIP CODE			COUNTY			EFFECTIVE MONTHS			
NAME OF LOCAL ASSOCIATION				<input type="checkbox"/> EA <input type="checkbox"/> ESP		ENROLLMENT DATE (MONTH) (YEAR)		DATE OF HIRE WITH CURRENT SCHOOL DISTRICT							
SCHOOL DISTRICT		NAME OF CURRENT SCHOOL BUILDING OR DEPARTMENT													

**This section to be completed by EA members.**

MEMBERSHIP CODE <i>Circle the appropriate code.</i>		ENDORSEMENT SUBJECT AREAS <i>Refer to codes on back of form; enter as many as appropriate.</i>		STATE CERTIFICATION <i>Refer to codes on back of form; enter as many as appropriate.</i>	
51 FULL TIME	52 75% TIME	53 HALF TIME	54 25% TIME	78 LEAVE/LAYOFF	12 BARGAINING UNIT SUBSTITUTE
1. _____	2. _____	3. _____	4. _____	1. _____	2. _____
3. _____	4. _____	1. _____	2. _____	3. _____	4. _____
CURRENT OCCUPATION <i>Refer to codes on back of form; enter as many as appropriate.</i>		OTHER AREAS OF INTEREST		EXPIRATION DATE <i>If applicable.</i>	
1. _____	2. _____	3. _____	4. _____	1. _____	2. _____
3. _____	4. _____	3. _____	4. _____	3. _____	4. _____

**This section to be completed by ALL members.**

EDUCATION <i>Circle highest degree.</i>		CURRENT ASSIGNMENT <i>Circle appropriate codes.</i>	
01 HIGH SCHOOL DIPLOMA	02 ASSOCIATE'S DEGREE	03 BACHELOR'S DEGREE	04 MASTER'S DEGREE
05 SPECIALIST DEGREE	06 DOCTORAL DEGREE	07 JURIS DOCTORATE	08 MEDICAL DEGREE
09 OTHER LICENSE OR CERTIFICATE	DK RETENTION K	00 KINDERGARTEN	01 FIRST GRADE
	02 SECOND GRADE	03 THIRD GRADE	04 FOURTH GRADE
	05 FIFTH GRADE	06 SIXTH GRADE	07 SEVENTH GRADE
	08 EIGHTH GRADE	09 NINTH GRADE	10 TENTH GRADE
	11 ELEVENTH GRADE	12 TWELFTH GRADE	13 ALTERNATIVE EDUCATION
	14 SPECIAL EDUCATION	20 ADULT EDUCATION	111 ELEMENTARY SCHOOL
	112 MIDDLE/JUNIOR HIGH SCHOOL	113 HIGH SCHOOL	HE2 2-YEAR HIGHER EDUCATION
	HE4 4-YEAR HIGHER EDUCATION	LIB COMMUNITY LIBRARY	ALL MULTIPLE BUILDINGS
	CHR CHARTER SCHOOL	OTHER _____	
DATE OF FIRST EMPLOYMENT IN ANY SCHOOL DISTRICT			
_____			
ANNUAL SALARY			
_____			
<input type="checkbox"/> PROBATIONARY <input type="checkbox"/> TENURED			

**This section to be completed by ESP members.**

MEMBERSHIP CODE <i>Circle the appropriate code.</i>		CURRENT OCCUPATION <i>Refer to codes on back of form; enter as many as appropriate.</i>		OTHER AREAS OF INTEREST	
55 FULL TIME	56 75% TIME	57 HALF TIME	58 25% TIME	79 LEAVE/LAYOFF	1. _____
1. _____	2. _____	3. _____	4. _____	1. _____	2. _____
3. _____	4. _____	3. _____	4. _____	3. _____	4. _____

Dues payments to the MEA-NEA-Local are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code and/or the Michigan Income Tax provision.

As a participant in the Local-MEA-NEA Early Enrollment Membership Program, I am eligible to receive, prior to September 1, 2001, certain benefits normally available only to regular dues paying members of the associations, including coverage under the NEA Educators Employment Liability (EEL) Program. As a condition of eligibility for these benefits, I agree to pay the appropriate "unified" Active membership dues for the 2001-2002-membership year in accordance with the regular 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 be liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2001.

**PLEASE CHECK ONE (1) BELOW:**

- Cash Payment — Membership is continued unless I reverse this authorization in writing between August 1 and August 31 of any year.
- Payroll Deduction — I authorize my employer to deduct Local, MEA and NEA dues, assessments and contributions as may be determined from time to time, unless I revoke this authorization in writing between August 1 and August 31 of any year.

**SIGNATURE**

**DATE**

**OPTIONAL VOLUNTARY MICHIGAN NEA-RETIRED LIFETIME MEMBERSHIP ~ LIFETIME DUES \$150 ~**

SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:  One (1) year @ \$150    Two (2) years @ \$75    Three (3) years @ \$50

I also authorize my employer to deduct Michigan NEA-Retired dues, as indicated above, from my wages.

**SIGNATURE**

**DATE**