CCEA MEMBERSHIP/Employee Payroll Authorization

FIRST NAME	LAST NAME	M.I
LAST 4 DIGITS OF SS#	EMPLOYEE ID NUMBER	
ADDRESS		E-MAIL
CITY	STATE	ZIP
HOME PHONE	CELL PHONE*	
SCHOOL NAME		
WORK EMAIL HOME EMAIL		
DATE OF BIRTH (mm/dd/yyyy)	HIRE DATE	(mm/dd/yyyy)
FULL TIME PART TIME If part time,10ths		
SALARY RANGE Over \$42,179 \$21,089 to \$42,179 Below \$21,089		
*Use of Cell Phone: By providing my phone number, I understand that the NEA, MSEA, and the local affiliate 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 the local affiliate 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 36453 for more information.		
Membership Commitment: YES – I want to join with my fellow employees and become a member of CCEA, the Maryland State Education Association (MSEA), and the National Education Association (NEA). I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaw 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 for membership in CCEA, the MSEA, and the NEA. I fully understand that the annual dues required for membership in the three 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 writing to CCEA over my original signature in accordance with the local bylaws between August 1 and September 1; 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.		

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

CCEA is an organization of local educators acting on behalf of local educators. Its sole source of operating revenue is membership dues. CCEA negotiates with the Carroll County Board of Education for salaries, wages, hours, healthcare benefits, and other conditions of employment for all bargaining unit employees. In addition, CCEA offers the following exclusive benefits for members only:

- Free job-related legal assistance
- \$1,000,000 in liability insurance
- Free advertising in the Trading Post, a classified service available to members
- Excellent auto, home, and life insurance through NEA Member Benefits
- Access to our Tutoring Program, a service to provide additional income for members
- Opportunities for discounted family trips and events throughout the year
 Opportunities for members to asther in a social anvironment.
- Opportunities for members to gather in a social environment throughout the year
- Weekly updates and pertinent communications
- Leadership opportunities at local, state, and national levels

Opt out and Waiver of Benefits: I hereby opt out of CCEA membership and waive all member-only benefits including those identified above. I will be charged an agency fee which will be automatically deducted from my paycheck at the annually computed rate.

SIGNATURE_

DATE_

IMPORTANT NOTE: If both signatures are left blank, or if this form is not submitted, it is presumed that the employee has opted out of CCEA 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.