MISD ID # _____	# Mesquite Education Association (MEA)

Method of Payment: ☐Cash ☐Check#_____ ☐Payroll Deduction

*Open enrollment opportunity - FORM due by September 1st
 *New hire enrollment opportunity - FORM due within 31 days of Date of Hire

Legal LAST NAME _____   Legal FIRST NAME _____   MI _____

BUILDING:_____

Would you like to serve as a local officer? Yes _____ No _____
Would you be willing to serve on local committees? Yes _____ No _____

Local Dues & Contributions Check the Appropriate Box	Enter Amount	Benefits MEA has helped attain:
Professional Dues ☐ $10.00 Associate Dues ☐ $5.00 Scholarship Fund ☐ $_____		1. Salary benefits above state on all areas 2. $10,000 employer paid life and AD&D insurance policy * 3. Pay for unused sick days at retirement 4. Scholarship opportunities 5. Professional consultation on benefits 6. Annual contribution by the district on each Employee's medical premium 7. Pay for extra-curriculum duties 8. Benefits committee sponsor 9. Discount tickets to several movie theaters, Six Flags and water parks 10. Discounts at local restaurants and businesses 11. Computer classes for MISD employees *MEA members must be full-time or part-time employees actively working 18.75 hours or more per week to be eligible for the insurance or under FML protection for benefits. Sub/hourly employees, interns and residents are eligible for MEA membership, but they are _not_ eligible for the $10,000 basic life and ad&d policy.
Total membership dues and scholarship donations for payroll deduction	**$ _____**	**Note:** If you are paying by cash or check now and want your MEA benefit to be payroll deducted _next_ plan year, SIGN the "Payroll Deduction Authorization" below.

If paying by CASH or CHECK, sign here:

Employee Signature_____Date _____

PAYROLL DEDUCTION AUTHORIZATION

I authorize my ISD to deduct membership dues and donations. I further authorize MEA to notify the ISD of changes in the amount of my annual dues and the ISD to deduct the new amounts. If my employment with the ISD ends, I authorize any unpaid balance to be deducted from my final check. This authorization for deductions is effective until I give notice to the ISD that I want to revoke it.

Employee Signature_____ID #_____Date _____

7/23/20 Revised