

Memphis-Shelby County Education Association

Membership Application

M-SCEA: The Professional Association Serving Educators in Shelby County Schools
Be a part of your Professional Organization. Don't Delay. Join Today!

| | | | |
|---------------|------------|------------|-------------------|
| | | | |
| EMPLOYEE ID # | CELL PHONE | HOME PHONE | SOCIAL SECURITY # |

| | | |
|----------------|----------------|---------------|
| | | |
| PERSONAL EMAIL | DISTRICT EMAIL | WORK LOCATION |

TITLE: Mr. Mrs. Ms. Dr. GENDER: Male Female

| | | | |
|-----------------|-------|--------|-------|
| NAME | FIRST | MIDDLE | LAST |
| | | | |
| MAILING ADDRESS | | | |
| CITY | | | STATE |
| | | | ZIP |

| ASSOCIATION | ANNUAL AMOUNT |
|-------------|---------------|
| M-SCEA | |
| | |
| TOTAL | |

| | |
|--------------------------|---|
| METHOD OF PAYMENT | |
| <input type="checkbox"/> | PAYROLL DEDUCTION |
| <input type="checkbox"/> | CASH/CHECK (Due In Full) |
| <input type="checkbox"/> | CREDIT/DEBIT CARD (Due In Full <u>plus</u> Processing Fee) |

| | | | | |
|---------------|-----|------|----------------|--|
| DATE OF BIRTH | | | RACE/ETHNICITY | POSITION (check one) |
| MONTH | DAY | YEAR | | |
| | | | | <input type="checkbox"/> Teacher <input type="checkbox"/> Admin <input type="checkbox"/> Education Support Professional |

I hereby authorize the Shelby County Board of Education to deduct from my paycheck annual dues for the Memphis-Shelby County Education Association (M-SCEA). The member's authorization will continue until revoked in writing to M-SCEA. In the event of separation prior to final payment, I direct the remaining balance to be deducted from my last paycheck. I agree to hold the Shelby County Board of Education harmless for these deductions. M-SCEA's negotiated contract provisions and bylaws will prevail over any conflicting provision of this form.

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.

 APPLICANT'S SIGNATURE

 PRINT NAME — Association Representative

 DATE

 SIGNATURE — Association Representative



Submit completed form in one of the following ways:
 Deliver to: M-SCEA, 126 Flicker St., Memphis, TN 38104
 Fax: 901-454-9979 Email: CatriciaBoyland@mscea.org
 M-SCEA Membership Office: 901-454-0966, ext. 50
We recommend that you call our office to confirm receipt.

Copy Distribution
 Original: M-SCEA
 Yellow: M-SCEA
 Pink: Member