

# MAINE EDUCATION ASSOCIATION

Affiliated with the National Education Association

## HIGHER EDUCATION ENROLLMENT APPLICATION

ACSUM AFUM MPBCEA CCAA CCFA UMPSA

CAMPUS

BUILDING NAME

NAME	
ADDRESS	
ADDRESS 2	
CITY, STATE & ZIP	
HOME PHONE	
WORK PHONE	
E-MAIL ADDRESS	

For Office Use Only	
NEA	
MEA	
LOCAL	
TOTAL	

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SOCIAL SECURITY NUMBER  
**\*LAST FOUR DIGITS ARE REQUIRED\***

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DATE OF BIRTH

PAYROLL <input type="checkbox"/>	ETHNIC CODE <input type="checkbox"/>	GENDER <input type="checkbox"/>
FULL PAYMENT <input type="checkbox"/>		

1 - American Indian/Alaska Native  
3 - Black  
4 - Hispanic  
5 - Caucasian (not Hispanic origin)  
6 - Asian  
8 - Multi-Ethnic  
9 - Other

F- Female  
M- Male

Per Pay Period Deduction Amount
\$ _____

### Authorization for Payroll Deduction of Dues

I authorize continuous payroll deduction of association dues for as long as I remain a higher education employee in such amount as may be defined from time to time.

Dues payments are not deductible as charitable contributions for federal income tax purposes, but may be deductible as a miscellaneous itemized deduction.

Member's Signature

Date

Return Completed Form to: Membership – Higher Ed  
1349 Broadway  
Bangor, ME 04401  
Email: ldaniel@maineea.org  
Fax: 207-942-0531