

MISD ID # _____

Method of Payment: Cash/Check # _____ Payroll Deduction (due by September 1st)

Mesquite Education Association

Legal LAST NAME **Legal** FIRST NAME MI

BUILDING: _____

Local Dues & Contributions Check the Appropriate Box	Enter Amount	Benefits MEA has helped attain:
Professional Dues <input type="checkbox"/> \$10.00		<ol style="list-style-type: none"> 1. Salary benefits above state on all areas 2. \$10,000 life insurance policy paid in full ** 3. Pay for unused sick days at retirement 4. Professional consultation on benefits 5. Annual contribution by the district on each Employee's medical premium 6. Pay for extra-curriculum duties 7. Benefits committee sponsor 8. Discount tickets to several movie theaters, Six Flags and water parks 9. Discounts at local restaurants and businesses 10. Computer classes for MISD employees <p style="color: red; font-size: small;">**Subs, hourly employees, retirees, interns & residents not eligible for life/ad&d insurance</p>
Associate Dues <input type="checkbox"/> \$5.00		
Scholarship Fund <input type="checkbox"/> \$ _____		
Total membership dues and scholarship donations for payroll deduction	\$ _____	

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

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** _____