

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
<input type="checkbox"/> Professional dues \$ 10.00	
<input type="checkbox"/> Associate dues \$ 5.00	
<input type="checkbox"/> Intern / Resident Free	
<input type="checkbox"/> Scholarship Fund \$ _____	
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 _____	

BENEFITS MEA HAS HELPED ATTAIN:

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 AMC Theatres, Amusement Parks and Water Parks
9. Discounts at local restaurants and businesses
10. Computer classes for MISD employees

*Subs, retirees, interns & residents not eligible for life insurance

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 _____