



Leading the Way to Great Public Schools for Every Maine Student



Great Public Schools for Every Student

ASSOCIATION MEMBERSHIP FORM

We've Got Your Back!

When teachers & professors need someone in their corner, ***MEA is there.***

When support staff members need help in their career, ***MEA is there.***

MEA is your resource for any and all issues related to your career.

We've got your back!

www.mainea.org

SUBJECT CODES

Adult Education	ADED	Industrial Arts		Social Studies/Social Sciences	
Agric & Natrl Resources	AGNR	Industrial Arts	INAR	Social Studies/Social Sci	SSSS
Art	ARTS	Trade & Industrial Ed	TIED	Civics/Govrn/Pol Science	CGPS
Basic Ed Curriculum	BEDC	Law Enforcement	LAEN	Economics	ECON
Basic Skills & Remed Ed	BSRE	Marketing	MARK	Geography	GEOG
Bilingual Ed	BIED	Mathematics		History	HIST
Business Ed		Mathematics	MATH	Psychology	PSYC
Accounting	ACCT	Algebra	ALGE	Public Affairs	PUAF
Business Ed	BSED	Calculus	CALC	Sociology	SOCI
Business Math	BSMA	Functions	FUNC	Special Ed/Development Ed	
Data Processing	DAPR	Geometry	GEOM	Special Ed/Development Ed	SDED
Coaching	COCH	Trigonometry	TRIG	Special/Dev Ed Early Childhd	SDEC
Communications	COMM	Music	MUSI	Cognitive Disabilities	COGN
Computer & Info Science	CICS	Band/Orchestra	BDOR	Emotionally Disturbed	EMDI
Distributive Ed/Co-op	DECP	Physical Sciences		Gifted & Talented	GTAL
Driver's Ed	DRED	Physical Sciences	PHSC	Learning Disabled	LDIS
Early Child Ed	ECDE	Biology	BIOL	Multi-Categorical Disabilities	MCDA
English/Language Arts		Chemistry	CHEM	Speech & Hearing Impaired	SHIM
English/Language Arts	ELAR	Earth Science/Geology	ESCG	Visually Impaired	VIIM
Journalism	JOUR	Life Sciences	LISC	Speech & Drama	SPDR
English as a second language	ENSL	Physics	PHYS	Vocational & Tech Ed	VTED
Foreign Language & Lit	FLLI	Reading	READ	No Subject Taught	NONE
Health & Physical Ed	HEPE	Religion/Philosophy	REPH	General Subjects	GSUB
Home Economics	HOME	ROTC	ROTC	Other	OTHR

POSITION CODES

Administrator*		Health & Student Services		Secretary/Clerk/Admin Services	
Administrator	ADMN	Hlth/Ther Asst/Technician	HTAT	Bookkeeper	BKPR
Athletic Director	ATHL	Physical Therapist	PHTH	Clerk/Admin/Office Asst	CAOA
Principal/Assistant Principal	PRIN	Occupational Therapist	OCCT	Secretary/Stenographer	SEST
Supervisor/Director	SPRV	Licensed Practical Nurse	LPNU	Admin Srvc's Other	SCOT
Adult Educator	ADED	Registered Nurse	RGNU	Security Services	
Bldgs/Grnd Main/Repair Services		Nurse's Assistant	NUAS	Guard/Police/Security Worker	GPSW
Custodian	CUST	Medical Technician	MDTC	Special/Develop Ed	SDSP
Electrician	ELEC	Speech/Hearing Therapist	SHTH	Teacher	
Groundskeeper	GRND	Social Worker	SCWK	Classroom Teacher	CLTR
Laborer/Helper/Warehouser	LABR	Psychologist	PSYC	Instructional Specialist	INSP
Mechanic/Repairer	MECH	Health Care/Welfare-Other	HCOT	Reading Specialist	READ
Building/Grounds-Other	BGOT	Librarian	LIBR	Web-Based Teacher	WEBT
Coach	COCH	Literacy Coach	LITC	Technical Services	
Counselor	CNSL	Paraeducator (Instruct/Noninstructional)		Audiovisual/Lang Tech	ALTC
Curriculum Specialist	CRSP	ED TECH I	ET01	Comp Prgmr/Sys Anal/DP Spclst	CPSA
Food Services		ED TECH II	ET02	Technical Services-Other	TSOT
Cook/Food Preparatin Worker	COOK	ED TECH III	ET03	Transp/Delivery/Vehicle Mechanics	
Dietician/Diet Technician	DIET	Monitor/Dorm Attendant	MONI	Bus/Truck/Van Driver	BTVD
Food Svcs Super/Asst Super	FSSU	Special Ed Assistant	SEDA	Vehicle Mechanic	VEME
Food Service-Other	FSOT	Paraeducator-Other	PPOT	Transportation-Other	TDOT
		ROTC Instructor	ROTC	No Position Held	NONE
				Other	OTHR

* Directly hires, evaluates, transfers, disciplines or dismisses.

ETHNIC CODES: *

American Indian/Alaska Native	01
Black	03
Hispanic	04
Caucasian (not of Spanish Origin)	05
Asian	06
Native Hawaiian/Pacific Islander	07
Multi-Ethnic	08
Other	09
Unknown	UK

POLITICAL PARTY:

Democrat	D
Republican	R
Independent	I
No Party	N
Other	O
REGISTERED VOTER:	
Yes	Y
No	N

METHOD OF PAYMENT:

Cash/check	CK
Payroll	PR
GENDER: **	
Male	M
Female	F

*Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, MEA or any of their affiliates. This information will be kept confidential.

**Voluntary information for Affirmative Action is not required as a condition of Membership.

NEA/MEA/LEA membership is open only to those who agree to subscribe to the goals and objectives of the Association and to abide by its Constitution and Bylaws.

**Be the Best Educator You Can Be.
Join Us Today!**

LOCAL ASSOCIATION NAME		
Assn	Membership Type	Annual Amount
NEA		
MEA		
Local		
MEA-FUND		
TOTAL		

FIRST NAME _____

EMPLOYER _____

MIDDLE NAME _____

WORK LOCATION _____

LAST NAME _____

HOME PHONE _____

XXX - XX -

CELL PHONE _____

SOCIAL SECURITY NUMBER (LAST FOUR) _____

Preferred Phone: HOME CELL

Get NEA Mobile Alerts
Msg & data rates may apply. 4
msgs/month.SMS terms at nea.
org/terms.

ADDRESS _____

HOME EMAIL _____

CITY _____

STATE / ZIP _____

WORK EMAIL _____
Preferred Email: HOME WORK

Have you been a member before? YES NO

SEE CODES ON PREVIOUS PAGE

DATE OF BIRTH(M/D/Y)	ETHNICITY	GENDER	POLITICAL PARTY	REG VOTER	HIREDATE(M/D/Y)	POSITION	SUBJECT	PAY METHOD
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PLEASE COMPLETE THE FOLLOWING SURVEY QUESTIONS:

1) What year did you enter the profession?

(YYYY)

2) Our Association provides resources and support to members to ensure student success. What areas of support would be most useful to help you and your students succeed?

- Student Behavior / Classroom Management
- Curriculum Assistance
- Access to Mentors and/or Coaches
- Working with Parents
- Working with Administrators
- Understanding Your Evaluation / Observation Process
- Whole Student Education Tools
- Communications & Advocacy Training
- Meeting the Needs of Students in Poverty
- Student Bullying and Suicide Prevention
- Child Nutrition

3) Our Association works to ensure every school provides our students with the opportunities to succeed. Which of the following issues are most important to you?

- Social and Racial Justice
- Economic Justice
- Parental and Community Engagement
- Fully-funded Schools
- Conditions in the Workplace
- Education Policy—policy that impacts your school at the local, state or national level
- Political Advocacy—advocate for policies that ensure all students get the opportunities they deserve

4) Our Association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?

- College Affordability (continuing your education)
- Compensations & Contracts
- Educator Rights & Responsibilities
- Health Care & Insurance
- Pension & Retirement Benefits
- Student Debt
- Stretching Your Paycheck

With full knowledge of the above, I authorize my employer to deduct from my salary and pay to the Local Association, in accordance with the agreed upon payroll deduction procedure, professional dues as may be determined from time to time and political action contribution in the amount indicated above for this membership year and each membership year thereafter, provided that I may revoke this authorization BEFORE SEPTEMBER 15 of any membership year by giving written notice to that effect to my employer and the Local Association on or before that date.

The MEA-FUND in Support of Public Education collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for state and local office. Contributions to MEA-FUND are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Contributions may only be made by U.S. Citizens or lawful permanent residents.

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. Contributions to MEA-FUND are not deductible for income tax purposes.

In the event that my membership is terminated before the end of the membership year, my signature authorizes that any amount still owed from this obligation shall be deducted from the final pay I receive as a member.

MEMBER SIGNATURE _____

LOCAL ASSOCIATION REPRESENTATIVE _____