



A Union of Professionals



Public Schools, Public Service

1232 E 6th Ave., Helena, MT 59601
800.398.0826 or 406.442.4250



Great Public Schools for Every Student

CONTINUING MEMBERSHIP AUTHORIZATION

Continuing membership indicates membership will continue until terminated in accordance with MEA-MFT policy.

Please print clearly

NAME: _____
First Mid. Init. Last

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: Home (____) _____ Cell (____) _____ Work (____) _____

HOME E-MAIL: _____

POSITION/JOB TITLE: _____

WHERE I WORK: _____
(school building or agency/division/building)

HOME ADDRESS DIFFERENT FROM MAILING ADDRESS? YES NO I'M A REGISTERED NURSE: YES NO

DATE OF BIRTH: MO _____ DAY _____ YR _____ GENDER: Male Female

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME OF MY MEA-MFT LOCAL AFFILIATE: _____

(This information is optional. If you choose not to provide it, this will not affect your membership status, rights, or benefits in any way. This information will be kept confidential.)

- | | |
|--|--|
| American Indian <input type="checkbox"/> | Caucasian (Not of Spanish Origin) <input type="checkbox"/> |
| Black <input type="checkbox"/> | Asian <input type="checkbox"/> |
| Native American <input type="checkbox"/> | Native Hawaiian/Pacific Islander <input type="checkbox"/> |
| Hispanic <input type="checkbox"/> | Other <input type="checkbox"/> |
| Multi-ethnic <input type="checkbox"/> | Unknown <input type="checkbox"/> |

Dues payments are not deductible as charitable contributions for federal tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

MEA-MFT is a unified state. The Continuing Membership Form must show membership for MEA-MFT, National, and Local where one exists.

To be completed by local treasurer or officer:

Affiliate	Membership Code	Annual Amount
National Dues		
MEA-MFT Dues		
Local Dues		
TOTAL		

CONTINUING MEMBERSHIP AUTHORIZATION: MEA-MFT membership is continuous from year to year unless revoked by written notice to the MEA-MFT President during the termination period (August 1 - September 30 of any year). The local affiliate shall notify the employer of specific amounts to be deducted each year or of any membership termination.

LOCAL AFFILIATE REPRESENTATIVE _____ DATE _____ MEMBER'S SIGNATURE _____