2022-2023

MARION EDUCATION ASSOCIATION

Marion Education Association
2801 SW College Road Suite 14
Ocala, FL 34474-4430
Phone (352) 237-6275 Fax (352) 237-1442

Be part of your Union and join your colleagues in protecting due process and promoting a high quality public education for all children.

First Name		M.I.	Last Name	
Address:				
City:		**FL**	**Zip Code:**	
Cell Phone:		**Personal Email:**		
Work Site:		**Shirt Style** (choose one): **Men's Women's**	**Shirt Size:**	

Gender	Date of Birth	Registered Voter	Party Affiliation	Race	Hispanic Origin
	___/___/_____	Y N			

Get Involved in your professional association (check any areas of interest)

- ☐ Worksite Leadership Team
- ☐ Membership Development
- ☐ Government Relations
- ☐ Issue Advocacy
- ☐ Bargaining & Negotiations
- ☐ Community Outreach
- ☐ District & Union Committees
- ☐ Professional Development & Training

2022-2023

MEA Payroll Deductions

$38.28 per paycheck

for 20 pay periods

Membership Commitment: Yes, I want to join my colleagues by becoming a member of the NEA, AFT, FEA, AFL-CIO, Service Unit and MEA I hereby request and voluntarily accept membership in the NEA, AFT, FEA, AFL-CIO, Service Unit, and MEA, and agree to abide by the Constitution and Bylaws of all organizations.

Payroll Deduction Authorization. I hereby agree to pay, and authorize my employer to deduct, the dues and assessments described on this document, and as are certified annually by the Association each year thereafter, from my salary; and I further direct and authorize my employer to pay such amounts to the Association in accordance with the payroll deduction amounts in effect; provided, however, that I may cancel my membership according to the language stated in the current Collective Bargaining Agreement. I fully understand that the annual dues required for membership in the six organizations are subject to periodic change by the six governing bodies of the organizations. This authorization continues annually regardless of my membership status, unless (a) I revoke this authorization upon 30 days' notice in writing sent via email, fax or US mail to the employer and employee organization according to Florida Statue 447.303, or (b) my employment with the school district ends.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT, AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

Applicants Signature	Date	Local Association Representative

PLEASE RETURN COMPLETED APPLICATION
VIA EMAIL TO BETSY.MURPHY@FLORIDAEA.ORG OR
MAIL OR FAX TO MEA AT THE ADDRESS OR FAX NUMBER ON TOP OF THIS FORM