

## 2021 MEMBERSHIP ENROLLMENT FORM

### TO BE COMPLETED BY LOCAL

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Pronouns \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Apt \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work  
 Personal Email Address \_\_\_\_\_

NYSUT Member ID # \_\_\_\_\_ Dues Start Date \_\_\_\_\_  
 NYSUT Local Name \_\_\_\_\_  
 Local # \_\_\_\_\_  
 Membership Category (Annual Salary)  
 Full Dues (\$34,000)  
 Split Dues  
 3/4 Dues (\$25,500 - \$33,999) (7)  
 1/2 Dues (\$17,000 - \$25,499) (2)  
 1/4 Dues (\$8,500 - \$16,999) (5)  
 1/8 Dues (<\$8,499) (8)  
 Per-Diem Sub (9)  
 New Member  Transfer

### Your Membership Category

Adjunct (W)  Musical Accompanist (9)  Daily Dance Instructor (W)  
 Tutor (9)  Private Voice Instructor (W)  Other (9): \_\_\_\_\_

By my signature, I request and accept membership in the local organization named above, the New York State United Teachers ("NYSUT") and its national affiliates, the National Education Association ("NEA"), American Federation of Teachers ("AFT") and the American Federation of Labor-Congress of Industrial Organizations ("AFL-CIO"), where applicable. I accept the rights, responsibilities, and benefits of union membership. I acknowledge and understand that I have the right to withdraw my membership at any time.

By my signature, I also voluntarily request and authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members of the of the local organization named above and remit that amount to the local organization.

I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union, for a period of one year from the date of this authorization and shall automatically renew from year to year unless I revoke this authorization by sending a written, signed notice of revocation via US mail to the union between the window period of Aug. 1-31 or another window period specified in a collective bargaining agreement.

By my signature, I also consent to receive autodialed and/or prerecorded calls and/or text messages from or on behalf of the AFT, NEA, NYSUT, AFL-CIO and/or the local union at the telephone numbers provided, including my wireless number, if applicable. The scope of this consent relates to any purpose for which any of the above entities may call. I understand that this consent is NOT a condition of my membership in NYSUT, its national affiliates, or the local organization named above.

I understand that union dues, contributions, or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses or on other bases expressly provided by state or federal law, such as New York State Tax Law section 615(d)(5).

I opt to be an Agency Fee Payer rather than a Member, and will not be afforded the benefits of membership in the Marymount Adjunct Collective. I WILL remit required dues to the union by the above authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to:  
[membership@macmmc.com](mailto:membership@macmmc.com)

Marymount Adjunct Collective, Local 7946 New York State United Teachers (NYSUT), AFT, NEA, AFL-CIO  
[www.macmmc.com](http://www.macmmc.com) questions? [info@macmmc.com](mailto:info@macmmc.com)

NYSUT Copy  MMC Copy  MAC Copy  Member Copy